

Consumer Mediation Program

COMPLAINT FORM

S.A. NO:			DATE:		
CONSUMER:					
Last:		First:		Middle:	Date of Birth:
Address:				Apt #:	Home Phone:
City:		State:		Zip:	Cell Phone:
Employer:					Work Phone:
Address:					Position:
BUSINESS:					
Company Name:				Phone:	
Address:			Suite #:	Beeper (if any):	
City:		State:		Zip:	Other Phone (Cell, etc.):
Owner's Name: (if known):		Age / DOB	Sex:	Race:	Height: Weight:
Name of Agent Dealt With:		Age / DOB	Sex:	Race:	Height: Weight:

DATE OF FIRST CONTACT WITH COMPANY: _____

HAS CONSUMER DONE BUSINESS WITH THE OWNER/COMPANY IN THE PAST? _____

WHO REFERRED COMPLAINANT TO THIS BUSINESS?

Name:	Address:	Phone:
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PURPOSE OF CONTACT: _____

DATE MONEY FIRST CHANGED HANDS: _____ PAID BY: CHECK [] CASH [] CREDIT CARD []

DATES OF ADDITIONAL PAYMENTS: _____

WRITTEN CONTRACT? YES [] NO [] COPIES MADE? YES [] NO []

HAS ANY WORK BEEN DONE FOR MONIES PAID? YES [] NO []

HAS CONSUMER NOTIFIED BUSINESS THAT THEY ARE NOT SATISFIED? YES [] NO []

BY: MAIL [] PHONE [] LETTER [] IN PERSON []

ATTN INTAKE STAFF: Make copies of all Complainant's paperwork. If Complainant does not have paperwork, instruct Complainant to mail, or fax, it to CMP as soon as possible. Do not hold the file - please forward to CMP!

Service Provided:			Date of Service:		
If the service provided was some form of automobile repair or maintenance, complete the following:					
Vehicle Make:		Model:		Year:	Color:
If the service provided was some form of home repair or improvement, complete the following:					
Contractor's License Number:		Date of Contract:			

