

CONSUMER DISPUTE FORM

Consumer Name _____

Date of Complaint _____

Specific Nature of Dispute:

Responsible Party to Investigate Dispute _____

Date of Investigation _____

Action Taken:

For supervisor use only

Name of reviewing supervisor _____

	Yes	No
Was the consumer notified of the action taken in response to the complaint	<input type="checkbox"/>	<input type="checkbox"/>
Was the complaint handled in accordance with our complaint handling procedures manual	<input type="checkbox"/>	<input type="checkbox"/>

If not, explain why it was not and what action has been taken to ensure compliance in the future

Is any further action required in reference to the dispute Yes No

If yes, what additional steps are being taken:

Has the dispute been logged in the consumer dispute log Yes No