



CONSUMER COMPLAINT FORM

Please complete appropriate section(s) below, then “save as” using the following format:
“Last Name Consumer Complaint MMDDYY” and email to mgrabinski@cyklawfirm.com
File Name Example: Smith Consumer Complaint 08-01-17

Date of Inquiry:

MM-DD-YY

Consumer Contact Information:

Name(s) (Last, First)

Contact Phone Number

Transaction Information:

Agent File Number

Policy Number

Property Type (Residential or Commercial)

Transaction Type (Purchase, Refi, REO, etc.)

Briefly describe the nature of the consumer’s inquiry including dates of any conversations, phone calls, and names (including title and company affiliation) of those with whom consumer has spoken.

Indicate whether additional information or documentation is attached under separate cover.

Advise consumer that this will be routed to Contact Name, Contact Title.

Name/Title of person completing form

Management Review Name/Title

