Select Recovery Agents

Consumer Complaint Form

(Please Print Clearly)

Date:_____ IAN #: _____

Name of Person Initiating Complaint _____

Phone # _____ Email Address _____

Nature of Issue:	❑ Safety Concerns	❑ Bodily Injury
Please check all that apply	❑ Property Damage	❑ Property Missing
		❑ Other Please explain below

Give a detailed description of complaint. Be as specific as possible.

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(Printed Name of Person Completing Form) (Signature)