



# CONSUMER COMPLAINT FORM

Instructions: Complaints already the subject of a lawsuit or other legal action cannot be handled by the Company.

Please be sure that your statement is complete and factual, but as brief as possible. To complete the form, answer all the appropriate questions. If submitting a printed form, please print clearly in dark ink. The Company will attempt to help you and reach a satisfactory result.

### Consumer Information

Last Name:	First Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Mailing Address:		
City:	State:	ZIP Code:
Phone:	Email:	

### File Information

City Title & Closing LLC File Number (if available) or the buyer/borrower/seller name:

What was your role in the file (ie: Realtor, Lender, Buyer, Seller, etc):

Property Address of the property:

City:	State:	Type of Service (closing, title, or research):
Other file identifier:	Date of the Service:	

### Complaint Information

Description of Complaint:  
Please enter a clear description of the complaint (e.g. nature or type of complaint)

[Click here to enter text](#)

Did you address this issue with any of our staff prior to this formal complaint?:

Date problem first occurred:

Date(s) you complained to Company:

To whom you complained:

What is specific result you are hoping for from this complaint for resolution to the matter?:

(continued):

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Consumer Complaint Intake Form