

ADVANCESM

TITLE & ABSTRACT, INC.

1428 Kempsville Road Chesapeake, Virginia 23320

757 549-2961 efax 757 351-6155 toll free 800 874-6518

Customer Complaint Form

Use this form to record the details of any complaint made by a customer against [Company Name].

Date of Complaint:		Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>
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COMPLAINT	
Complaint #:	
Loan # or Case/Reference #:	
Title/escrow Order #:	
Borrower Name:	
Borrower Phone Number:	
Property Address:	
Party Complaint Is Against:	
Organization Complaint Is Against:	
Names of All Parties Involved:	
Description of Complaint:	
Complaint involves a threat or legal/regulatory issue?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INITIAL AGENT RESOLUTION	
Actions Taken:	
Complaint Resolved?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date Resolved: <input type="text"/>

SUPERVISOR RESOLUTION	
Date:	<input type="text"/> Time: <input type="text"/>
Supervisor Name:	<input type="text"/>

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Actions Taken:			
Complaint Resolved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Resolved:	

CONVERSATION LOG				
Date	Time	Type of Contact <small>(phone, e-mail, fax, in person)</small>	Parties Involved	Notes
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
	AM <input type="checkbox"/> PM <input type="checkbox"/>			
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Revision History

Version Number	Revised Date	Effective Date	Approved By	Brief Change Summary