

CONSUMER DISPUTE FORM

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CONSUMER NAME_____

DATE OF COMPLAINT_____

SPECIFIC NATURE OF DISPUTE (ATTACH ADDITIONAL PAGE(S) AS NECESSARY):

[illegible]

PLEASE EMAIL PHOTOS, DOCUMENTS, ETC. – ANY ITEMS TO BE CONSIDERED AS EVIDENCE TO: resolutiondept@accadj.com.

----- **BELOW THIS AREA - OFFICE USE ONLY PLEASE** -----

RESPONSIBLE PARTY TO INVESTIGATE DISPUTE_____

DATE OF INVESTIGATION _____

ACTION TAKEN (ATTACH ADDITIONAL PAGE(S) AS NECESSARY):

[illegible]

FOR SUPERVISOR USE ONLY

NAME OF REVIEWING SUPERVISOR _____

WAS THE CONSUMER NOTIFIED OF THE ACTION TAKEN IN RESPONSE TO THE COMPLAINT?

☐ YES ☐ NO

WAS THE COMPLAINT HANDLED IN ACCORDANCE WITH OUR COMPLAINT HANDLING PROCEDURES MANUAL.

☐ YES ☐ NO

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 (ATTACH ADDITIONAL PAGE(S) AS NECESSARY):

_____.

HAS THE DISPUTE BEEN LOGGED IN THE CONSUMER DISPUTE LOG?

☐ YES ☐ NO