

**CONSUMER DISPUTE FORM**

Consumer Name \_\_\_\_\_

Date of Complaint \_\_\_\_\_

Type of Vehicle \_\_\_\_\_

Specific Nature of Dispute:

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Responsible Party to Investigate Dispute \_\_\_\_\_

Date of Investigation \_\_\_\_\_

Action Taken:

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*For supervisor use only*

Name of reviewing supervisor \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Was the consumer notified of the action taken in response to the complaint	<input type="checkbox"/>	<input type="checkbox"/>

Was the complaint handled in accordance with our complaint handling procedures manual	<input type="checkbox"/>	<input type="checkbox"/>
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If not, explain why it was not and what action has been taken to ensure compliance in the future

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Is any further action required in reference to the dispute	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, what additional steps are being taken:

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Has the dispute been logged in the consumer dispute log	<input type="checkbox"/>	<input type="checkbox"/>
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