

# TransCounty Title Co.

*"Our Service Is The Difference"*

## Consumer Complaint Form

Please complete appropriate section(s) below, then "save as" using the following format:

"Last Name Consumer Complaint MMDDYY" Example: Smith Consumer Complaint 04-01-13.

When completed, please email to: [plarson@transcountytitle.com](mailto:plarson@transcountytitle.com) who will then route this complaint to the appropriate individual for review.

Date of Inquiry: \_\_\_\_\_

### Consumer Contact Information

Name(s) (Last, First): \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

### Transaction Information

Order Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Property Type: \_\_\_\_\_ Transaction Type: \_\_\_\_\_

Property Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Briefly describe the nature of the complaint including dates of any conversations, phone calls, and names (including title and company affiliation) of those with whom you have spoken:

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(Please attached an additional page if necessary.)

### Management Review

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_