



2040 South Union Avenue • Alliance, Ohio 44601  
Phone: 330.821.6403 • Fax: 330.823.9450

## CONSUMER COMPLAINT FORM

Date of Inquiry (MM-DD-YY):

Please complete appropriate section(s) below, then “save as” using the following format:  
“Last Name Consumer Complaint MMDDYY” i.e., “Smith Consumer Complaint 04-01-13”

### Consumer Contact Information:

Name(s) (Last, First)

Property Address (Street, City, State, Zip)

Contact Address (if different from Property Address)

Contact Phone Number

Additional Contact Phone Number

### Transaction Information:

Agent File Number

Policy Number

Property Type (Residential or Commercial)

Transaction Type (Purchase, Refi, REO, etc.)

Briefly describe the nature of the consumer’s inquiry including dates of any conversations, phone calls, and names (including title and company affiliation) of those with whom consumer has spoken.

Indicate whether additional information or documentation is attached under separate cover.

Advise consumer that this will be routed to **Dennis R. Clunk, Esq.**, Attorney/Agent/President

Name/Title of person completing form:

Management Review Name/Title:

Please email the completed for to [lgraham@hutitle.com](mailto:lgraham@hutitle.com).