TRUSTCO
Finance

CUSTOMER COMPLAINT/ CANCELLATION INTAKE FORM

Date: ....

CIF/ ID No: ....

Name of Client: ....

Contact No: (Cell): ....   (Work): ....   (Email address): ....

Complaint:

REASON FOR COMPLAINT

☐   Outstanding balance due

☐   Cancellation request

☐   Consolidation query

☐   Contract 10/15

☐   Other

_____

_____

FEEDBACK (For Office Use Only)

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_____

_____

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Submitting a cancellation request will not automatically result in the cancellation being approved. Our office recommends that you refer to the terms and conditions of your signed loan agreement.

Response and Reaction Time   ....

Received by: ....

Job Title: ....

Date Received: ....

Copy to Client: YES/NO

Date stamp

Completed Date: ....   Manager Signature ....