



CONSUMER COMPLAINT FORM

PERSON COMPLETING FORM:

First Name: _____ Last Name: _____

Home Phone Number: _____ Work Telephone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

In order to forward your complaint, we will need to give your name to the collection agency you are submitting a complaint against.

COMPLAINT FILED AGAINST:

Business Name: _____

Address (number, street & suite #): _____

City: _____ State: _____ Zip: _____

Name of person(s) complaint is against: _____

Telephone Number: _____

Have you complained to the company? Yes No **By:** Telephone Letter In Person

The date you complained to the company: _____

Person contacted: _____

Result of contact (use additional documentation if necessary): _____

Describe the events of your complaint in the order they happened, briefly as possible, giving specific names, dates, times, etc., whenever possible. (Use additional documentation if necessary): _____

What do you want the person or company to do to satisfy your complaint? _____

READ THE FOLLOWING BEFORE SIGNING BELOW

Keep a copy of this form for your records. Return the original form to the California Association of Collectors, Inc. The filing of this complaint form is in addition to any of your legal rights and remedies.

By filing this complaint, I authorize the collection agency to disclose information concerning this account(s) to CAC authorized staff and counsel for the use in the CAC Consumer Hotline program.

I DECLARE under the penalty of perjury, under the laws of California, that to the best of my knowledge the statements and information submitted in this complaint, are true and correct.

Signature: _____ Date: _____

Please mail signed complaint to:
California Association of Collectors, Inc.
One Capitol Mall, Suite 800
Sacramento, CA 95814

Phone: (916) 929-2125
Fax: (916) 444-7462
Email: cac@calcollectors.net
Web: calcollectors.net