Consumer Complaint Form

Date: _____

----------Please complete the below information----------

Name: _____ Account #: _____

Address: _____ City: _____ St: ____ Zip: _____

Home #: _____ Cell #:_____ Work #: _____

Which number would be the best number to contact you? □ Home # □Cell # □ Work #

----------Details Section----------

What day did the instance occur? : _____

Basic Reason for complaint: _____

Fully Describe Events Leading to Complaint:

_____
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(If additional room is needed, please attach additional pages)

_____ _____

Signature of complainant Date

Consumer Help Desk
702 Felix St
St Joseph, MO 64501
Toll Free #866-809-3514
Fax #816-222-0489