



***DONERITE RECOVERY SERVICES, INC***



**CONSUMER COMPLIANT / DAMAGE CLAIM FORM**

DATE OF OCCURANCE \_\_\_\_\_ DATE OF COMPLAINT \_\_\_\_\_

CONSUMER NAME \_\_\_\_\_

TYPE OF CLAIM/COMPLAINT \_\_\_\_\_

SPECIFIC DETAILS OF EVENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIFIC DETAILS OF COMPLAINT/CLAIM \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE**

ACTION TAKEN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESULTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

COMPLAINT HANDLED BY \_\_\_\_\_