

GREATER ILLINOIS TITLE COMPANY

Customer Complaint Form

Customer Information

Customer Name _____	Customer phone # _____
Customer Address _____	Customer Email _____
Product or Type of Service _____	Date of Service _____
Service Description _____	

Nature of Complaint

Date of Complaint _____	Location of Service _____
Description of Complaint _____	
Desired Action (what the customer would like) _____	
Customer Signature _____	