**CONSUMER COMPLAINT**

For use of this form, see AR 608-1; the proponent agency is OACSIM

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC Section 301, Departmental Regulations; 10 USC Section 3013, Secretary of the Army; Army Regulation Army Community Service Center.

**PRINCIPAL PURPOSE:** To provide information for Army Community Service personnel to assist military consumers in solving their complaints.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary. However, failure to provide the requested information will impede and limit services provided by Army Community Service to individuals seeking assistance.

<table>
<thead>
<tr>
<th>1. NAME</th>
<th>2. DATE (YYYYMMDD)</th>
<th>3. TIME</th>
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<tbody>
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<table>
<thead>
<tr>
<th>4. UNIT/ORGANIZATION</th>
<th>5. HOME PHONE</th>
<th>6. BUSINESS PHONE</th>
<th>7. FAX PHONE</th>
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<thead>
<tr>
<th>8. ADDRESS (Street, City, State, and ZIP Code)</th>
<th>9. STATUS</th>
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<tbody>
<tr>
<td></td>
<td>ACTIVE DUTY</td>
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<tr>
<td></td>
<td>RETIRED</td>
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<tr>
<td></td>
<td>SPOUSE/FAMILY MEMBER</td>
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<td>OTHER (Specify)</td>
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<table>
<thead>
<tr>
<th>10. E-MAIL ADDRESS</th>
<th>11a. NAME OF AGENCY/SERVICE INVOLVED</th>
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<thead>
<tr>
<th>11b. ADDRESS (Street, City, State, and ZIP Code)</th>
<th>11c. E-MAIL ADDRESS</th>
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<thead>
<tr>
<th>12. NAME OF SALES PERSON</th>
<th>13. DATE OF TRANSACTION (YYYYMMDD)</th>
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<thead>
<tr>
<th>14. PRODUCT OR SERVICE DESCRIPTION</th>
<th>15. ACCOUNT NUMBER, IF ANY</th>
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<table>
<thead>
<tr>
<th>16a. WHAT IS YOUR COMPLAINT?</th>
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<tr>
<td><strong>16b.</strong> HAVE YOU COMPLAINED TO THE COMPANY?</td>
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<td><strong>16d.</strong> PLEASE DESCRIBE HOW YOU FEEL THE PROBLEM SHOULD BE RESOLVED</td>
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<td><strong>16e.</strong> WHAT IS BEING DONE TO RESPOND TO THE COMPLAINT?</td>
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<td><strong>16f.</strong> WAS THE CONSUMER REFERRED?</td>
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<td><strong>17.</strong> OTHER COMMENTS</td>
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<tr>
<td><strong>18a.</strong> TYPED NAME AND SIGNATURE OF INTERVIEWER</td>
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