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.

1. NAME		2. DATE *(YYYYMMDD)*	3. TIME
4. UNIT/ORGANIZATION	5. HOME PHONE	6. BUSINESS PHONE	7. FAX PHONE
8. ADDRESS *(Street, City, State, and ZIP Code)*		9. STATUS ☐ ACTIVE DUTY ☐ RETIRED ☐ SPOUSE/FAMILY MEMBER	
10. E-MAIL ADDRESS		☐ OTHER *(Specify)*	
11a. NAME OF AGENCY/SERVICE INVOLVED			
11b. ADDRESS *(Street, City, State, and ZIP Code)*		11c. E-MAIL ADDRESS	
12. NAME OF SALES PERSON		13. DATE OF TRANSACTION *(YYYYMMDD)*	
14. PRODUCT OR SERVICE DESCRIPTION		15. ACCOUNT NUMBER, IF ANY	

16a. WHAT IS YOUR COMPLAINT?

16b. HAVE YOU COMPLAINEDTO THE COMPANY? ☐ YES IF YES, WHEN? ☐ NO	16c. WHAT WAS THEIR RESPONSE?

16d. PLEASE DESCRIBE HOW YOU FEEL THE PROBLEM SHOULD BE RESOLVED

16e. WHAT IS BEING DONE TO RESPOND TO THE COMPLAINT?

16f. WAS THE CONSUMER REFERRED? ☐ YES ☐ NO

16g. DESCRIBE FINAL RESOLUTION OF THE CASE

17. OTHER COMMENTS

18a. TYPED NAME AND SIGNATURE OF INTERVIEWER	18b. DATE *(YYYYMMDD)*