

CONSUMER COMPLAINT FORM

CONSUMER NAME: ACCOUNT #:

ADDRESS:

CITY: STATE: ZIP:

DAY-TIME PHONE: EMAIL:

PREFERRED METHOD OF COMMUNICATION: PHONE EMAIL

DATE PROBLEM OCCURRED:

HAVE YOU PREVIOUSLY SPOKEN TO AN AGENT REGARDING THE ISSUE? YES NO

IF SO, WHO:

CHECK THE APPROPRIATE BOX(ES) RELATED TO THE COMPLAINT:

Billing Dispute	Refund Issue	Collection Practices
Automatic Drafts	Payment Issue	Mechanical Issue
Bankruptcy	Title Issue	Insurance Related
Credit Dispute	Repossession	Deferment Issue
Fraud	Dealer Related Issue	Other (Describe Below)

PLEASE DESCRIBE YOUR COMPLAINT:

PLEASE DESCRIBE YOUR DESIRED RESOLUTION:

Please complete, print and mail this form to the address listed below.
Upon receipt of this information, American Credit Acceptance will research your claim.