



Consumer Complaint Intake Form

Intake Date: _____

Intake Employee Name: _____

Consumer Information	
First Name	
Last Name	
Title	
Current Address	
Current City	
Current State	
Current Zip Code	
Home/Office Phone	
Mobile Phone	
Email	
File/Property Information	
File Number	
Property Address	
Company Representative/s	
Real Estate Agent	
Lender	
Complaint Information	
Date of problem	
Is this your first complaint about this issue? YES NO	
If no, please give details of previous complaint/s below.	
Complaint Details	

Intake Instructions: This form may be mailed to Sun Title Agency, 1410 Plainfield Ave NE, RE: Consumer Complaint, Grand Rapids, MI 49505, sent via fax to (616) 458-9300 or emailed to clientsupport@suntitle.com. If you are a Sun Title Agency employee, please scan and email this completed form to clientsupport@suntitle.com.