

Complaint Number *(To be completed by Freisenbruch)*: _____

Complainant's Information

Full Name: _____
 Last First M.I.

Address: _____
 Street Address Apartment/Unit #

_____ Parish Postal Code

Home Phone: _____ **Alternate Phone:** _____

Email Address: _____ **Preferred Method of Contact:** ☐ Email ☐ Phone

Are you reporting this on behalf of someone else? ☐ Yes ☐ No

Complaint

Type of FM Product: _____

Follow Up Requested: ☐ Yes ☐ No

Name of FM Employee involved (if applicable): _____

Date: _____ **Location:** _____

Time of Incident (if applicable): _____

Details of Complaint

Please list events in the order that they happened. Attach additional pages if needed.

Reviewing documents often helps us understand important details of your complaint. Please attach copies of letters or other documents that will help us review your complaint. This might include your insurance schedule, bills, receipts, a policy declaration sheet, claim documents or other items that relate to your complaint. Always send copies. Never send original documents.

Details of my complaint:

Notes:

- 1) You will receive written acknowledgment of receipt of your complaint within 24 hours of the complaint being received and we will provide you with a Complaint Number and the name of the FM Respondent handling your case.
- 2) If a complaint is received on any day other than a business day, or after close of business on a business day, it may be treated as received on the next business day.
- 3) The FM Respondent will research your complaint, and this may involve further discussions with you.
- 4) FM will write to you with a final assessment of the complaint, and we will advise you of any action we may decide to take in reference to your complaint.

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing. There are no margins, text, or other markings on the paper.

Date Closed: _____