



Let's Connect, to Collect

## VERICRED ON-LINE CONSUMER COMPLAINT TRACKING FORM

Opened Date:		Time:		Resolved Date:		Log #:	0001-
Name of Consumer:				Account #			
Contact nr of Consumer:				VCB #:			
Name of Supervisor Tracking Call:				Branch responsible:			
Supervisor Assigned To:							

### NATURE OF COMPLAINT

	Agency Related		Identity Related		Payment Related		Client Related
<input checked="" type="checkbox"/>	<input type="checkbox"/> Collector's Attitude	<input checked="" type="checkbox"/>	<input type="checkbox"/> Wrong Party	<input checked="" type="checkbox"/>	<input type="checkbox"/> Balance incorrect	<input checked="" type="checkbox"/>	<input type="checkbox"/> Credit bureau update needed
<input type="checkbox"/>	<input type="checkbox"/> Collector's Practice	<input type="checkbox"/>	<input type="checkbox"/> Incorrect tel nr	<input type="checkbox"/>	<input type="checkbox"/> Billing Error	<input type="checkbox"/>	<input type="checkbox"/> Account Disputed
<input type="checkbox"/>	<input type="checkbox"/> Collection Practice	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Charges or Fees	<input type="checkbox"/>	<input type="checkbox"/> Prescription
<input type="checkbox"/>	<input type="checkbox"/> Problem not escalated	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Missing payment	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/> Statement not sent	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**REMARKS: DESCRIBE INCIDENT**

**ACTION TAKEN (if any):**

Corrective Action Required?		If Yes, Targeted Resolution Date:		Corrective Action No	
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