

CONSUMER COMPLAINT FORM				
ONSUMER 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 Automatic Drafts Bankruptcy Credit Dispute Fraud PLEASE DESCRIBE YOUR COMPLAINT:	Refund Issue Payment Issue Title Issue Repossession Dealer Related Issue			Collection Practices Mechanical Issue Insurance Related Deferment Issue Other (Describe Below)
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.