

INVESTIGATIONS DIVISION

SUBJECT NAME:

[Empty text box for subject name]

LAST

FIRST

MIDDLE

ADDRESS:

[Empty text box for address line 1]

STREET

CITY

STATE

[Empty text box for address line 2]

ZIP CODE

COUNTY

TELEPHONE NUMBER

[Empty text box for address line 3]

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER/STATE

REPORTED BY:

[Empty text box for reported by name]

COMPANY OR REGULATED ENTITY

[Empty text box for company name]

INDIVIDUAL MAKING REPORT

TITLE

ADDRESS:

[Empty text box for address line 1]

STREET

CITY

STATE

[Empty text box for address line 2]

ZIP CODE

COUNTY

TELEPHONE NUMBER

COMPLAINT TYPE:

[Empty text box for complaint type]

DEBIT

CONSUMER

AGENT

RING

MEWA

OTHER:

[Empty text box for complaint type details]

INFORMATION ONLY

INVESTIGATIVE REFFERAL

NICB REPORT Y/N

[Empty text box for complaint type details]

CLAIM TOTAL

RESERVE SET

CLAIM PAID

CLAIM DENIED

COMPLETE SUMMARY OF FACTS

[Large empty text box for complete summary of facts]

SUPPORTING DOCUMENTS ATTACHED:

YES

NO