

Capital Recoveries, Inc.  
CONSUMER DISPUTE FORM

Consumer Name \_\_\_\_\_

Date of Complaint \_\_\_\_\_

Specific Nature of Dispute:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Consumer. Stop here and submit complaint form)*

*Mail To: Capital Recoveries, Inc. PO Box 841 Greenland, NH 03840 or*

*Fax 603-895-9749 or*

*Email: dispute@crinh.com*

Responsible Party to Investigate Dispute \_\_\_\_\_

Date of Investigation \_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For supervisor use only*

Name of reviewing supervisor \_\_\_\_\_

Was the consumer notified of the action taken in response to the complaint?

YES     NO


Was the complaint handled in accordance with our complaint handling procedures manual.

YES       NO

If not, explain why it was not and what action has been taken to ensure compliance in the future.

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Is any further action required in reference to the dispute?

YES       NO

If yes, what additional steps are being taken:

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Has the dispute been logged in the consumer dispute log

YES       NO

**Change of Procedures and Disciplinary Measures**

*Compliance Officer, Senior Management and Company Ownership* must monitor the complaint log and ensure that appropriate disciplinary measures are taken if necessary and provide recommendations for change in the company's procedures if appropriate.

**APPROVED ON: August 2, 2012**

**BY:** \_\_\_\_\_

**REVISED ON: August 02, 2012**