



Consumer Complaint Form

Please complete appropriate section(s) below, then "save as" using the following format:
"Last Name Consumer Complaint MMDDYY" and email to service@solidifi.com.

File Name Example: Smith Consumer Complaint 04-01-23

Date of Inquiry (Please use format MM-DD-YY):

Consumer Contact Information

Name(s) (Last, First):

Property Address (Street, City, State, Zip):

Contact Address (if different from Property Address):

Contact Phone Number:

Additional Contact Phone Number:

Transaction Information

Agent File Number:

Policy Number:

Property Type (Residential or Commercial):

Transaction Type (Purchase, Refi, REO, etc) :

Briefly describe the nature of the consumer's inquiry including dates of any conversations, phone calls, and names (including title and company affiliation) of those with whom consumer has spoken:

Indicate whether additional information or documentation is attached under separate cover:

For Internal Use

Advise consumer that this will be routed to Contact Name, Contact Title.

Name/Title of person completing form:

Management Review Name/Title: