COMPLAINT ABOUT SACC SERVICES

Client Name: _____ **Date:** _____

Address: _____ **Phone #:** _____

Serviced by: _____

Details of complaint (be as specific as possible):

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If you need more space, please attach a separate page.

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(Please sign)
I certify that the information I have given herein is complete and true.

(Please sign)
Received on behalf of SACC