

16b. HAVE YOU COMPLAINED TO THE COMPANY? <input type="checkbox"/> YES IF YES, WHEN? <input type="checkbox"/> NO	16c. WHAT WAS THEIR RESPONSE?
---	-------------------------------

16d. PLEASE DESCRIBE HOW YOU FEEL THE PROBLEM SHOULD BE RESOLVED

16e. WHAT IS BEING DONE TO RESPOND TO THE COMPLAINT?

16f. WAS THE CONSUMER REFERRED? YES NO

16g. DESCRIBE FINAL RESOLUTION OF THE CASE

17. OTHER COMMENTS

18a. TYPED NAME AND SIGNATURE OF INTERVIEWER	18b. DATE (YYYYMMDD)
--	----------------------