American Collectors Association of Texas
18604 Interstate 20 West
Lindale, Texas 75771
512-467-2528 / 800-957-3328
Fax: 512-458-8740
info@texascollectors.com

Consumer Complaint Form
(Third-Party Collection Agencies Only)

Please complete all portions of this form in print or type.

Name: _____ **Home Telephone No.:** _____

Address: _____ **Work Telephone No.:** _____

City: _____ **State:** _____ **Zip Code:** _____

May we contact you at work? **Yes** ____ **No** ____

To process your complaint, we will need to give your name to the collection agency addressed in the complaint. Do we have your permission? **Yes** ____ **No** _____

This complaint is filed against:

Name of Agency: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____

Name of person(s) this complaint is filed against: _____

Have you advised the agency of your complaint? Yes _____ **No** _____ **Date(s):** _____

By: **Telephone** _____ **Letter** _____ **Email** _____ **In Person** _____

Person(s) contacted: _____

Result of your contact (attach additional sheets if necessary):

_____

_____

_____

_____

_____

Briefly describe the events of your complaint in the order which they occurred, giving specific names, dates, times, etc., as best possible (attach extra sheets as necessary):

_____

_____

_____

_____

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_____

What do you expect the agency to do to satisfy your complaint?:

_____

_____

_____

_____

_____

Additional comments: _____

_____

_____

_____

_____

Please read the following before signing:

By filing this complaint, I authorize the collection agency named above to disclose information concerning my account(s) to ACA of Texas staff and legal counsel for use in processing this complaint and in conjunction with the ACA of Texas Consumer Help Line Service program.

I hereby certify that the above statements are true and correct to the best of my knowledge.

_____ _____

Signature **Date**

The filing of this complaint does not prohibit you from seeking legal counsel or filing a civil action.

The completed and signed form with any supporting documents may be submitted by:

Mail: **American Collectors Association of Texas**
18604 Interstate 20 West
Lindale, Texas 75771
Fax: **512-458-8740**
Email: **info@texascollectors.com (pdf format only)**

For assistance, call 512-467-2528 or 800-957-3328 or email info@texascollectors.com

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