



MILESTONE

Guaranty and Assurance Corp.

COMPLAINT FORM

INSTRUCTION: Use this form to report any complaint that you have experienced against the services of the company or any act or omission committed by any of its employees, officers and/or directors. Please write legibly and send the duly accomplished Complaint Form to info@milestoneguaranty.com together with your supporting documents and copy of your government issued identification card. All information received and/or in connection with this Complaint shall be strictly confidential and shall not be disclosed to any person without the parties' prior consent. Thank you for your cooperation.

COMPLETE NAME:	
PRESENT ADDRESS:	
BIRTHDAY:	CONTACT NUMBER(S):
EMAIL ADDRESS:	COMPANY NAME:
NARRATION OF FACTS OF THE COMPLAINT: _____ _____ _____ _____ _____ _____ _____ _____	
LIST OF SUPPORTING DOCUMENTS TO SUPPORT THE FACTS OF THE COMPLAINT (IF APPLICABLE) 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____	
Are you willing to execute an affidavit by reason of this complaint? If no, please explain. _____ _____	
I hereby attest and confirm the truthfulness and veracity of the information stated in this Complaint Form based on my own personal knowledge and/or official records. _____ Printed Name and Signature	