

# Complaint Form

Fax to: 925-889-3663

Please detail your complaints below and fax them to us.

Thank you for your time. We will keep you informed on any information regarding this situation.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
IPowerbiz Rep ID #

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
e-mail