

INCIDENT REPORT FORM

Field Agent Name _____

Date of Incident _____

Specific Nature of Incident:

Responsible Party to Investigate Incident _____

Date of Investigation _____

Action Taken (if any):

For recovery agency supervisor use only

Name of reviewing supervisor _____

	Yes	No
Was the lender client notified of the action taken in response to the incident?	<input type="checkbox"/>	<input type="checkbox"/>
Was the incident handled in accordance with our complaint handling procedures manual?	<input type="checkbox"/>	<input type="checkbox"/>

If not, explain why it was not and what action has been taken to ensure compliance in the future.

Is any further action required in reference to the incident?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, what additional steps are being taken:

Has the incident been logged in the VTS complaint/incident tracking system?	<input type="checkbox"/>	<input type="checkbox"/>
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