



*More Card*

*"Get More & pay less!"*

# Complaint Form

**Business Name:** \_\_\_\_\_

**Cashier Name:** \_\_\_\_\_ **Dollar Amount:** \_\_\_\_\_

**Transaction Date:** \_\_\_\_\_ **Aprox. Time:** \_\_\_\_\_

**Members Name:** \_\_\_\_\_ **City of Residence:** \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_ ++ **Date:** \_\_\_\_\_

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**Action taken by S6M:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_