



Thrivent Financial for Lutherans
thrivent.com • 800-847-4836

Complaint Questionnaire

Dealing appropriately with your concern is important to us. Our complaint resolution process begins with the gathering of important information from all involved parties.

Due to system constraints, you cannot save a completed copy of this form on your computer. Complete the form, print it, sign it and mail or fax to Thrivent (see bottom of form). Include additional pages, supporting documents and maintain a copy for your records as needed.

Section 1 - General Information

Name		Phone	
Address	City	State	ZIP code
Email			

Contracts/Accounts

Section 2 - Complaint Information

If your complaint is about a financial representative, provide name.

In your own words, describe the nature of your concern.

How would you like to see your concern resolved?

Section 3 - Signature (required)

Signature of contract/account owner	Date signed
X	

Mail completed form to:
Thrivent
Client Relations
4321 N Ballard Road
Appleton WI 54919-0001
23378

Fax completed form to:
Client Relations at 920-393-2448