



Appleton, Wisconsin · Minneapolis, Minnesota  
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
<b>X</b>	

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

**Fax completed form to:**  
Member Relations at 920-628-3735