

# PFDC Client Action Page

Fill this form out only if you feel that you have been victim of **harassment** due to possible violations by collectors.  
Please feel free to attach a longer explanation or details of phone calls.

**Client Name** \_\_\_\_\_ **Client ID #** \_\_\_\_\_

Caller's Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone # w/extension: \_\_\_\_\_

This call was received on \_\_\_\_\_ @ \_\_\_\_\_ AM / PM

This creditor has called at (circle one):

**Home**    **Work**    **Cell**    **Other** \_\_\_\_\_

This creditor called me \_\_\_\_\_ times this week.

What took place during the conversation:

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What harm or ill effects were caused to you by this call? \_\_\_\_\_

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Did anyone witness this conversation (if yes, who?):

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Caller's Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone # w/extension: \_\_\_\_\_

This call was received on \_\_\_\_\_ @ \_\_\_\_\_ AM / PM

This creditor is called at (circle one):

**Home**    **Work**    **Cell**    **Other** \_\_\_\_\_

This creditor called me \_\_\_\_\_ times this week.

What took place during the conversation:

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What harm or ill effects were caused to you by this call? \_\_\_\_\_

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Did anyone witness this conversation (if yes, who?):

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**Once a week, either fax or mail this and any other completed Client Action Page to PFDC:**

More forms are available from our website, [www.pffdc.org](http://www.pffdc.org)

**Partners for Fair Debt Collections**

1061 Main Street, Banco Park  
N. Huntingdon, PA 15642

**Fax Number: 724-861-1035**