

Customer Complaint Form

1. Customer Details

Title	Name	Surname	Client Code

Company Name

Work Telephone	Mobile Telephone	Fax no	Email

2. Details of goods or services supplied to the customer

Date of purchase or service

Details of purchased goods or service (make, model, s/n)

3. Details of what the customer complaint is

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Office use only

Complaint received by:	Date received

In person	In writing	By telephone
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Person assigned to:	Action taken or required