



# Customer Complaint Form

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Postcode:</b>
<b>Phone Number:</b>			
<b>Email Address:</b>			
<b>Date of Complaint:</b>		<b>Employee taking complaint (Office Use Only):</b>	
<b>Description of Complaint:</b>			
<small>(Please continue on back, if needed)</small>			
<b>What would you consider to be an acceptable outcome?</b>			

**For Office Use Only:**

<b>Date Received:</b>		<b>Assigned To:</b>	
<b>Resolution Description:</b>			
<small>(Please continue on back, if needed)</small>			
<b>Date of Resolution:</b>		<b>Date Notified:</b>	
<b>Further Action Required? YES NO</b>		<b>Signed:</b>	

