

COMPLAINT ANALYSIS DEVELOPMENT PLAN

NAME _____

JOB ROLE _____

DATE AND REASON FOR COMPLAINT

CUSTOMER CONTACTED WITHIN 48 HOURS YES / NO

COMPLAINT RESOLVED DURING CALL YES / NO

IF NOT CALL LOG REVIEW TO TAKE PLACE WITH SALES MANAGER INTERVENTION AND NOTES

ACTIONS REQUIRED

COMPLAINT RESOLVED AND DATE OF CLOSURE

TELEPHONE ADVISER TRAINING NEED IDENTIFIED

ADVISER / LINE MANAGER SIGN OFF _____ / _____

KPI / TRAINING / CALL CHECK / ANALYSIS DEVELOPMENT PLAN

NAME _____

JOB ROLE _____

DEVELOPMENT AREA REQUIRED _____

DATE ASSESSED _____

ACTIONS REQUIRED

WHAT DID YOU LEARN

FURTHER ACTIONS REQUIRED / NEXT STEPS

LINE MANAGER NOTES

ADVISER / LINE MANAGER SIGN OFF _____ / _____