



CUSTOMER COMPLAINT FORM

Name: Tel:

Account No.: Date:

E-mail:

WHAT WENT WRONG

☐ Product ☐ Customer Service ☐ Department ☐ Employee Attitude

PLEASE HELP US GET IT RIGHT

☐ Suggestion ☐ Concern ☐ Compliment

Details:
.....
.....
.....
.....
.....
.....
.....

OVERALL EXPERIENCE

☐ 0 – 25 ☐ 26 – 50 ☐ 51 – 75 ☐ 76 – 100

OUR SHARED VALUES | **AGILITY. CUSTOMER-FOCUS. TEAMWORK**