

# CUSTOMER COMPLAINT FORM

Name (The <b>Customer</b> )		Customer Reference Number	
Address			
Parish	Postal Code	Phone	Fax
E-mail			

Complaint Taken By (The <b>Employee</b> )		
Date Complaint Received	Invoice Number	Product Number
Product/Service Description		

Complaint:
------------

Description of Product Fault, if any:
---------------------------------------

Corrective Action:
--------------------

Has the problem been resolved?	Yes	No
If no, to whom was the problem transferred?		

How will the problem be avoided in the future?
--

Place and Date

Customer (Signature)

Employee (Signature)

Customer Name

Employee Name