



Customer Complaint Form

Today's Date: _____

Customer Name: _____

Address: _____ **City** _____ **Zip** _____

Daytime Phone: (____) _____ **Evening Phone:** (____) _____

Date of Incident: _____ **Time of Incident:** _____ **AM/PM**

Location of Incident: _____

Nature of Complaint: _____

Return Phone Call Requested: _____ **YES** _____ **NO**

Complaint Taken by: _____

=====

To Be Completed By Management.

Complaint Resolution: _____

