

Customer Complaint Form

1. Customer details

Title (Mr, Mrs, etc)	Family name (surname)	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home telephone number	Business telephone number	Mobile telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address (if applicable)			
<input type="text"/>			

2. Details of other person or supplier involved in this complaint

Name			
<input type="text"/>			
Street address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home telephone number	Business telephone number	Mobile telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address (if applicable)			
<input type="text"/>			

3. Details of goods or services supplied to the customer

Date of purchase or service
<input type="text"/> / <input type="text"/> / <input type="text"/>
Description of the goods or service including make, model, type of service, purchase method, etc.
<input type="text"/>
<input type="text"/>

4. Details of what the customer complaint is

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Office use only

Complaint received by	Date received	In person <input type="checkbox"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	In writing <input type="checkbox"/>
Action taken or required	<input type="text"/>	
Date action completed	Signature	
<input type="text"/> / <input type="text"/> / <input type="text"/>	X <input type="text"/>	