



Serial No.

CUSTOMER COMPLAINT FORM

All personal details remain **CONFIDENTIAL**

Complaints will be acknowledged within 5 working days of receipt and a resolution within 14 days

Name of person making Complaint: _____

Residential Address: _____

Contact Number (s): _____ email: _____

COMPLAINT DETAILS

Date of Incident (if relevant): _____ Time: _____

Location of Incident: _____

Who/What is the subject of your Complaint: _____

Summary of Complaint/Issue: _____

Signature: _____

WITNESS DETAILS (IF APPLICABLE)

Name: _____

Address: _____ Contact Number: _____

COMPLAINT OUTCOME:

As a result of making this complain, is there any outcome you would like? Yes No

SUGGESTIONS (IF APPLICABLE) : _____

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OFFICIAL USE:

Name of Staff: _____

Summary of event:

Date: _____

Signature: _____