

CUSTOMER COMPLAINT FORM**DOC #****CUSTOMER DETAIL**

Customer Name	
Customer Contact Number	
Customer Account Number	

COMPLAINT INFORMATION

Complaint Date:	Complaint taken by:
Complaint Details:	
Corrective Action to be taken:	
Suspected Cause:	
Cost Involved:	
Corrective Action Responsibility:	(Employee)
Corrective Action Follow up:	(Manager sign off)
Service Recovery Letter sent:	(Manager sign off)

CUSTOMER COMPLAINT ACTION FORM - ROUTING

Taken on by:	Date and Time:	Action:
Comment:		
Followed up by:	Date and Time:	Action:
Comment:		
Followed up by:	Date and Time:	Action:
Comment:		
Followed up by:	Date and Time:	Action:
Comment:		