# Customer Complaint Form

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| Customer Information |
| Customer Name:  |
| Customer Phone: |
| Customer Email:  |
| Customer Address: |

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| Complaint Information  |
| Complaint Date: |
| Complaint Taken By: |
| Complaint Details: |
| First Response Corrective Action: |
| Suspected Cause: |
| Corrective Action Person(s): |
| Corrective Action Follow-up:  |
| What steps should be considered to avoid a repeat of the problem: |

Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_