

Customer Complaint Form

Customer Name					
Phone					
Address					
Email Address					
Date of Complaint					
Who took the complaint details?					
Who will handle complaint?					
Describe the complaint Product/Service Problem/Fault					
First Response					
Suspected Cause					
What customer wants <ul style="list-style-type: none"> • Tick request remedy • Extra details 	Refund		Repair		Replacement
Agreed solution <ul style="list-style-type: none"> • Tick requested remedy • Extra details, eg action required by business 	Refund		Repair		Replacement

Corrective Action Person(s) <ul style="list-style-type: none"> • Senior Lifeguard • Swim coordinator, Manager • HR Committee, Lawyer 	
Corrective Action Followed up <ul style="list-style-type: none"> • Letter • In person • Scheduled meeting 	
What steps should be considered to avoid a repeat of the problem	
Complaint resolved	Date Signature

This form can be given to Aquatics Manager or emailed to aquatics.manager@waisplash.org or Tararua Aquatics Community Trust Secretary accounts@waisplash.org.