

## Customer Complaint Form

Date \_\_\_\_\_ Time \_\_\_\_\_ Interviewer \_\_\_\_\_

Concerned Party's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Location of the problem? \_\_\_\_\_

\_\_\_\_\_

What was the problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was done to correct the problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_