



# Customer Complaint Form

## 1. Customer details

Title (Mr, Mrs, etc)	Family name (surname)	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Home telephone number	Business telephone number	Mobile telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address (if applicable)			
<input type="text"/>			

## 2. Details of other person or supplier involved in this complaint

Name			
<input type="text"/>			
Street address		Suburb	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Home telephone number	Business telephone number	Mobile telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address (if applicable)			
<input type="text"/>			

## 3. Details of goods or services supplied to the customer

Date of purchase or service

Summary:

  
  

## 4. Details of what the customer complaint or grievance is

  
  
  
  
  
  
  
  
  

### Office use only:

Complaint received by	Date received	In person <input type="checkbox"/>
<input type="text"/>	<input type="text" value="/ /"/>	In writing <input type="checkbox"/>
Action taken or required		
<input type="text"/>		
Date action completed	Signature	
<input type="text" value="/ /"/>	<input type="text" value="X"/>	