



Complaints Form

	Year	No
CUSTOMER COMPLAINT NUMBER		

1.0 DETAILS OF COMPLAINT

Date of receipt	
Client organisation	
Client address	
Complainant name	
Complainant telephone no	
Complainant email address	
Company Involved	
Details of complaint	

2.0 INVESTIGATION FINDINGS & ACTION TAKEN

Investigation findings	
Actions taken	

3.0 CLOSING OF COMPLAINT

Complaint satisfactorily completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Attach copy of final letter or email		
Signature (duty holder)		
Name (block capitals)		Date