

CUSTOMER COMPLAINT / INCIDENT FORM

Name of person making the complaint.....

Position Telephone number.....

Address.....

.....

COMPLAINT / INCIDENT

DETAILS OF COMPLAINT / INCIDENT

Who / What was involved?

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Where / When did this occur?

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.....

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What action was taken and by whom?

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Any other relevant information

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Person completing this form :.....

Date:.....

Name of Line Manager:.....

Date reviewed:.....

