

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	Business telephone	Mobile telephone
<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	Business telephone	Mobile telephone
<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 subscription
<input type="text"/> / <input type="text"/> / <input type="text"/>

Description of the goods or service including type of service, purchase method, etc.

<input type="text"/>
<input type="text"/>
<input type="text"/>

4. Details of what the customer complaint is

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Office use only

Complaint received by	<input type="checkbox"/> Email	<input type="checkbox"/> Post
Date received	/	/
Action taken or required		
Date of action	/	/
Signature		