

Customer Complaint Form

*Fields marked red are required.

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 *	<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	<input type="text"/>	

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

Date of purchase of service *
<input type="text"/> <input type="text"/> <input type="text"/>
Description of the goods or service including purchase method *
<input type="text"/>

4. Details of what the customer complaint is *



Office use only

Complaint received by	Date received
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Action taken or required	
<input type="text"/>	
Date action completed	Signature
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

If completing this form in digital format, checking the signature checkbox will be accepted as signature sign-off.