

Customer Complaint/Comments Form

Date: _____

Customer Information

Name (Optional): _____

Phone Number (Optional): _____

Email (Optional): _____

Would you like to remain anonymous?

Yes

No

Complaint/Comment Details

Please provide a detailed description of your complaint or comment:

Date and Time of Incident (if applicable)

Date: _____ Time: _____

Product/Service Information

Was your complaint or comment related to a specific product or service?

Yes

No

If yes, please provide the product name/service: _____

Staff Involved (if applicable)

Staff Member Name (if known): _____

Description of Interaction:

Desired Resolution

Please indicate what resolution you would like to see:

Follow-Up Preference

How would you like us to follow up with you?

Phone: _____

Email: _____

No follow-up necessary

I wish to remain anonymous; no follow-up is needed