

COMPLAINT FORM

Complainant Information				
Company Name:		Phone Number:		
Address:				
Contact name:		Contact position:		
Resolution:	Internal	External	Date and time:	
Complaint against client				
Client name:		Site name:		
Risk rating: Special visit No visit Notification 6 – 8 Site visit. 3, 5, 7 No visit required, communicate with client. 1, 2, 4 Convey suggestion to client.		Once off	Can recur	Recurring
	Impacts product/service	7	8	9
	No impact to product/service	4	5	6
	Suggestion for improvement	1	2	3
Information				
Complaint details:				
Date and time contacted client:				
1) Date and time contacted complainant:				
Immediate action:				
Date and time client action plan received:				
Corrective action to remove cause:				
Verification of corrective action:				
2) Date and time communicated with complainant:				
Close-out				
Notes:				
Name:		Signature:		