

CUSTOMER COMPLAINT FORM

CUSTOMER INFORMATION	
Customer Name:	Customer Phone:
Customer Address:	
Contact Name:	Contact Position:
Customer P.O. No.:	Invoice Number:
Product Number:	Product Description:

COMPLAINT INFORMATION	
Complaint Date:	Complaint Taken By:
Complaint Details:	
First Response Corrective Action:	
Suspected Cause:	
Corrective Action Person(s):	
Corrective Action Follow-up:	
What steps should be considered to avoid a repeat of the problem:	
Date:	

Name of person completing this form

Signature



FEEDBACK FORM

LIVING SOLUTIONS 4U

How satisfied are you with our services ?



☐
Extremely
Unsatisfied



☐
Unsatisfied



☐
Neutral



☐
Satisfied



☐
Extremely
Satisfied

Comments:

Your Name:

Contact email or phone:

Date service provided:

THANK YOU FOR YOUR CONSTRUCTIVE FEEDBACK.

WE WILL USE IT TO BETTER OUR SERVICES TO OUR VALUED CLIENTS.

from

THE TEAM AT

LIVING SOLUTIONS 4U

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