






FEEDBACK FORM

LIVING SOLUTIONS 4U

How satisfied are you with our services ?

 <input type="radio"/> Extremely Unsatisfied	 <input type="radio"/> Unsatisfied	 <input type="radio"/> Neutral	 <input type="radio"/> Satisfied	 <input type="radio"/> Extremely Satisfied
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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
EMAIL: sales@livingsolutions4u.com.au
www.livingsolutions4u.com.au

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

