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| **Client Complaint Form** |

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| COMPLAINT RECEIVED BY: |  | 🗸 |  |
| Feedback form |  |  |  |
| Letter |  |  |  |
| Telephone call |  |  |  |
| Face to face |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| CLIENT NAME |  |
| DATE COMPLAINT RECEIVED |  |
| TIME COMPLAINT RECEIVED |  |
| RECEIVED/OWNED BY |  |
| INITIAL REPLY SENT |  |

NATURE OF COMPLAINT

RECOMMENDED SOLUTIONS (What does the client want us to do?)

SOLUTIONS TO BE OFFERED

SOLUTION APPLIED BY……………………………………………………………………..

|  |  |
| --- | --- |
| DATE RESOLVED |  |

HAS THE CLIENT BEEN NOTIFIED OF THE SOLUTION AND SATISFIED? YES/NO

Please give details if no