Aquarius Plumbing Customer Complaint Form

Name (The Customer)			Customer Reference Number
Address		City	
County	Postal Code	Phone	Fax
E-mail @			
Complaint Taken By (The Employee)			
Date Complaint Received		Invoice Number	Product Number
Product/Service Description			
Complaint:			
Description of Product Fault, if any:			
Corrective Action:			
Has the problem been resolved? If no, to whom was the problem transferred?			
	_		
How will the problem be avoided in the future?			
Place and Date			
Customer (Signature)		Employee (Signature)	
Customer Name		Employee Name	