|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Aquarius Plumbing**  **CUSTOMER cCOMPLAINT FORM** | | | |
|  | | | | | | | **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? | |  | Yes |  | | No | | | | |
| 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 |  | |