|  |  |
| --- | --- |
|  | **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 |       |