

Customer Complaint Intake Form

Please complete this form to file a formal complaint. Once completed, print this document for submission and record-keeping.

1. Customer Information

Full Name:

Email Address:

Phone Number:

Mailing Address:

City, State, Zip Code:

2. Complaint Details

Date of Incident (MM/DD/YYYY):

Order or Account Number (if applicable):

Product or Service Name:

Department or Employee Involved:

Description of the Complaint

Please provide a detailed description of the issue in the fields below:

Line 1:

Line 2:

Line 3:

3. Desired Resolution

Please specify what action you would like us to take to resolve this matter:

Line 1:

Line 2:

4. Signatures (For Printed Document)

Customer Signature: Date:

5. Internal Use Only

Received By (Employee Name):

Date Received:

Assigned Case Number:

Initial Action Taken: