

Customer Complaint and Feedback Intake Form

Please fill out this form to submit your complaint or feedback. This document is formatted for printing and manual completion.

Customer Information

Full Name:

Phone Number:

Email Address:

Street Address:

Incident & Feedback Details

Date of Occurrence (DD/MM/YYYY):

Location / Store Branch:

Employee Involved (if applicable):

Product or Service Concerned:

Description of Complaint or Feedback

Please provide a detailed description of the issue (write clearly within the lines below):

Desired Outcome

What action or resolution are you requesting?

Submission and Sign-off

Customer Signature:

Date of Submission (DD/MM/YYYY):

For Office Use Only

Received By (Staff Name):

Date Received:

Reference / Tracking Number:

Initial Action Taken: