

# Complaint Escalation Request Form

Please fill out this form to escalate your unresolved complaint. This form is formatted for printing and manual submission.

## 1. Customer Contact Information

Full Name:

Account or Reference Number:

Email Address:

Phone Number:

## 2. Original Complaint Details

Original Ticket or Case Number:

Date of Original Complaint (DD/MM/YYYY):

Name of Staff Member Who Handled Your Case:

## 3. Reason for Escalation

Reason for Escalation (e.g., Unresolved issue, Unsatisfactory resolution, Delay in response):

Detailed Explanation of Escalation (Line 1):

Detailed Explanation of Escalation (Line 2):

## 4. Proposed Resolution

What outcome or resolution are you seeking?

## 5. Authorization

Signature (For printed submission):

Date Signed (DD/MM/YYYY):

