

Escalated Customer Complaint Resolution Form

This form is for documenting the investigation and final resolution of escalated customer complaints. Please print and complete all fields manually, or type the details before printing.

1. Customer and Case Information

Escalation Case Number:

Customer Full Name:

Account / Order Number:

Contact Phone Number:

Contact Email Address:

2. Complaint History & Escalation Details

Original Complaint Date:

Escalation Date:

Original Representative Name:

Primary Reason for Escalation:

3. Investigation and Root Cause Analysis

Summary of Investigation Findings:

Identified Root Cause:

4. Resolution Action Plan

Corrective Actions Taken to Resolve Complaint:

Financial Compensation / Refund Amount:

Non-Financial Goodwill Gesture (if applicable):

5. Sign-off and Approvals

By signing below, the parties agree that the proposed resolution fully addresses the complaint and the escalation is now closed.

Escalation Owner Name:	<input type="text"/>	Signature:	<input type="text" value="Sign on printout"/>	Date:	<input type="text" value="YYYY-MM-DD"/>
Approving Manager Name:	<input type="text"/>	Signature:	<input type="text" value="Sign on printout"/>	Date:	<input type="text" value="YYYY-MM-DD"/>
Customer Acceptance Name:	<input type="text" value="If verbal agreement, state so"/>	Signature:	<input type="text" value="Sign on printout"/>	Date:	<input type="text" value="YYYY-MM-DD"/>