Auto Body Shop Customer Complaint Form

| Full Name | |
|----------------------|--|
| | |
| Phone Number | |
| | |
| Email Address | |
| | |
| Service Date | |
| | |
| Vehicle Make & Model | |
| | |
| Invoice/Work Order# | |
| | |
| Complaint Type | |
| Complaint Details | |
| | |
| | |
| Preferred Resolution | |
| | |
| | |
| | |