

Premium Client Complaint Resolution Form

Client Name	<input type="text"/>		
Client ID	<input type="text"/>		
Contact Email	<input type="text"/>		
Contact Phone	<input type="text"/>		
Account Manager	<input type="text"/>	Date of Complaint	<input type="text"/>
	<input type="text"/>		Complaint
Type	<input type="text"/>	Complaint Details	Resolution Actions Taken
<input type="text"/>			
Resolution Date	<input type="text"/>		
Resolved By	<input type="text"/>		
	<input type="text"/>		
Client Feedback	<input type="text"/>	Follow-up Required	<input type="text"/>