

Museum Visitor Complaint Record

Visitor Name	<input type="text"/>
Contact Information	<input type="text"/>
Date of Visit	<input type="text"/>
Time of Visit	<input type="text"/>
Location in Museum	<input type="text"/>
Type of Complaint	<div><div></div><div></div></div>
Complaint Details	<input type="text"/>
	<input type="text"/>
Action Taken / Response	<input type="text"/>
Staff Handling	<input type="text"/>
Date Recorded	<input type="text"/>