Customer Complaint Incident Report Form

| Customer Name |
|--------------------------|
| |
| Contact Information |
| |
| Date of Incident |
| |
| Location of Incident |
| |
| Details of Complaint |
| |
| |
| Actions Taken So Far |
| |
| |
| Desired Resolution |
| |
| |
| Reported By (Staff Name) |
| |