

CLIENT COMPLAINT FORM

Client Name: _____		
Client Contact:	Ph: _____	Fax or email: _____

Outline the details of the complaint: (add additional page(s) if necessary or attach letter)

Issue:

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If form is completed by Client

Signature of Client: _____ **Date:** _____

Investigation: Done by: _____ **Date:** _____

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Outcome/Action:

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Office Use Only			
Date complaint received		Feedback Register ID	
Name of receiving staff member		Date of acknowledgment to client	
Staff member signature		Date CEO advised	
Manager 's Name (who complaint forwarded to)		Date outcome feedback to client	
Date received by Manager		Date actions completed	
Manager to sign-off on completion		Date Feedback Register updated and closed	