

# Customer Complaint Form

**ROUTING** (*Initial when through and pass on or return:*)

- Service Manager \_\_\_\_\_  Technical Director \_\_\_\_\_  Sales Manager \_\_\_\_\_  
 Other \_\_\_\_\_

Taken By: \_\_\_\_\_ Complaint Date: \_\_\_\_\_ Customer #: \_\_\_\_\_

Technician: \_\_\_\_\_ Salesman: \_\_\_\_\_ Invoice#: \_\_\_\_\_

Customer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

**COMPLAINT:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Missed service    | <input type="checkbox"/> Ineffective service     | <input type="checkbox"/> Billing error          |
| <input type="checkbox"/> Arrived late      | <input type="checkbox"/> Ineffective materials   | <input type="checkbox"/> Odor                   |
| <input type="checkbox"/> Poor attitude     | <input type="checkbox"/> Service not as promised | <input type="checkbox"/> Too expensive          |
| <input type="checkbox"/> Not enough effort | <input type="checkbox"/> Inadequate follow-up    | <input type="checkbox"/> Inadequate instruction |
| <input type="checkbox"/> Sloppy appearance | <input type="checkbox"/> Sloppy service          | <input type="checkbox"/> Property damage        |
| <input type="checkbox"/> Rude              | <input type="checkbox"/> Stains                  | <input type="checkbox"/> No paperwork           |
| <input type="checkbox"/> Unprofessional    | <input type="checkbox"/> Dirty vehicle           | <input type="checkbox"/> Aggressive driving     |
| <input type="checkbox"/> Sexual harassment | <input type="checkbox"/> Aggressive sales        | <input type="checkbox"/> Unsafe application     |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____             | <input type="checkbox"/> Other _____            |

**DESCRIPTION:**

**CORRECTIVE ACTION:**

**Complaint closed:** Date: \_\_\_\_\_ Authorization: \_\_\_\_\_