Consumer Complaint Form

Date of Complaint: \_\_\_\_\_\_\_\_\_ Complaint Filed: □ In-Writing

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Orally

Date Of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Electronically

Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe your complaint accurately: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List anyone present or with knowledge regarding the complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who was the first person with which you discussed this complaint? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How has this incident negatively affected you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any outcomes you want to achieve from this complaint form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What could be changed to prevent a similar situation from occurring in the future: \_\_\_\_\_\_\_\_\_\_

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 *(signature) (date)*

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 *(signature) (date)*

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 *(signature) (date)*