

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:

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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	
HR Bi Monthly Report		Documentation File	EI

<P:\Management\Executive Management\0000 Feedback Register.xls>