



Client Complaint form

1: Tell us about you

First name _____

Last name _____



Address _____



Home Phone: _____



Mobile Phone: _____



Email: _____

2: Tell us about your complaint:

Who are you unhappy with?



Amanda

Deni

Erin

Kate

Katie

Kristy

Nivi



Zac

Amanda

Melissa

Tina

Rachel

Arielle



What made you unhappy?



Tell us what happened.

When did it happen?



What would make you happy?



Tell us what you would like to happen.

We might need to talk to you to help fix your problem. Are you okay with this?

Circle your answer (or delete the other answer).



Yes



No



Manager - Outcome:

FOLLOW UP:

Clients response to the resolution:

Client suggestions for improving the complaints process: