

# Customer Complaint Form

## 1. Customer details

|                               |                           |                         |
|-------------------------------|---------------------------|-------------------------|
| Title (Mr, Mrs, etc)          | Family name (surname)     | Given names.            |
| <input type="text"/>          | <input type="text"/>      | <input type="text"/>    |
| Street address                | Suburb                    | Postcode                |
| <input type="text"/>          | <input type="text"/>      | <input type="text"/>    |
| Home telephone number         | Business telephone number | Mobile telephone number |
| <input type="text"/>          | <input type="text"/>      | <input type="text"/>    |
| Email address (if applicable) |                           |                         |
| <input type="text"/>          |                           |                         |

## 2. Details of the person or supplier involved in this complaint.

|                               |                           |                         |
|-------------------------------|---------------------------|-------------------------|
| Name                          |                           |                         |
| <input type="text"/>          |                           |                         |
| Street address                | Suburb                    | Postcode                |
| <input type="text"/>          | <input type="text"/>      | <input type="text"/>    |
| Home telephone number         | Business telephone number | Mobile telephone number |
| <input type="text"/>          | <input type="text"/>      | <input type="text"/>    |
| Email address (if applicable) |                           |                         |
| <input type="text"/>          |                           |                         |

## 3. Details of goods or services supplied to the customer.

Date of purchase or service

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Description of the goods or service including make, model, type of service, purchase method, etc.

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

## 4. Details of the customer complaint

|                      |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Submitted Date.

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opposite Chanas Insurance

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