CUSTOMER COMPLAINT FORM

RECEIVED BY:_____

DATE:_____ TIME:_____

DEPARTMENT: CAWD / HILL 9+10 / Bonanza / Starview / Mt.Hannah / LLMW

Customer Name:_____

Service Address:_____

Mailing Address:_____

Phone #:_____

Nature of Complaint:

_____

_____

_____

_____

_____

_____

Actions Taken: _____

_____

_____

_____

_____

Response to Customer: Yes_____ No_____

Attatchments:_____

Copy
To:_____