



CUSTOMER COMPLAINT FORM

No: _____

STATUS OF COMPLAINT: RESOLVED UNRESOLVED

SECTION I – PERSONAL INFORMATION

DATE: _____ TIME RECEIVED: _____ Verbal Written

NAME OF COMPLAINANT(S): _____

ADDRESS: _____

TELEPHONE #: _____

SECTION II – NATURE OF COMPLAINT

TYPE OF COMPLAINT:

Licensing Operations Seizure Other (state below)

PROBLEM DESCRIPTION:

TIME (of incident): _____

LOCATION (Where incident occurred): _____

DETAILS OF COMPLAINT:

VEHICLE REGISTRATION #: _____ MARKINGS ON VEHICLE _____

DRIVER'S NAME: _____ BADGE #: _____

D/L #: _____

NAME AND ADDRESS OF WITNESSES (Where necessary)

REFERRED TO: _____ DATE: _____ TIME: _____

REFERRED BY: _____ DATE: _____ TIME: _____

Note: Complaint's statement must be attached to this form where necessary

SECTION III – INVESTIGATION

INITIAL ACTION TAKEN: _____

ACTION TAKEN TO ADDRESS THE PROBLEM (DATE/TIME/OUTCOME): _____

FINAL RESULT/OUTCOME: _____

COMPLETED BY: _____ DATE: _____ TIME: _____

SECTION IV –RESOLUTION OF COMPLAINT

FINAL ACTION TAKEN:

LETTER TO BE SENT CALL CUSTOMER

DETAILS OF FEEDBACK TO CUSTOMER:

CUSTOMER'S RESPONSE: APPRECIATIVE SATISFIED DISSATISFIED

COMPLETED BY: _____ DATE: _____ TIME: _____