

Customer Complaint Form

Reference No	00000
Assigned Manager	Manager's Name
Complaint Status	Received

◆ Customer Information

Full Name	Customer's Full Name
Email Address	user_name@email.com
Order Number	000000

Date of Submission	Enter a date
Phone Number	(999)999-9999
Order Status	Choose an option

◆ Product Details

Product Name	Product Name
Date of Purchase	Enter a date

Product code (if available)	00000
Received Date (if available)	Enter a date

◆ Issue Description

Please describe the issue in detail. Include any visible defects, wrong item, missing parts, or functionality p

◆ Supporting Evidence

- ☐ Photos attached
- ☐ Invoice/receipt attached
- ☐ Other Please indicate here what kind of evidence you can provide

◆ Preferred Resolution

- ☐ Refund
- ☐ Replacement
- ☐ Repair
- ☐ Other Please add here your preferred option

◆ Additional Comments (Optional)

Please enter additional comments here if you wish

I hereby declare that the information provided in this complaint form is accurate to the best of my knowledge.
I understand that this information will be used for the purpose of investigating and resolving my complaint.
I agree to cooperate with any further requests for clarification or additional documentation, if needed.

Signature

Date

Enter a date