

## Make a formal complaint

To: \_\_\_\_\_

Date: \_\_\_\_\_

Complaint:



Date of the event: \_\_\_\_\_

Desired outcome:

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Name: 

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Customer number: 

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Address: 

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Phone: 

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Mobile phone: 

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Email: 

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Fax: 

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Preferred method of contact:

- ☐ Postal mail
- ☐ Email
- ☐ Phone
- ☐ Mobile phone



Signature: \_\_\_\_\_

- ☐ There are other documents attached to this complaint
- ☐ There are original documents attached to this complaint that I would like returned

