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|  | Customer Complaint and Escalation Form |  |  |
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|  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  |  | | | | | | | | | | | Date | |  | Date of incident if different | | | | | | | | | | |  | | | | | | |  | |  | | | | | Complainants Name | | | | | | |  | | Complainants Organization/Company Name | | | | | Complainants Contact Details | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |  | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | | Address | | | | | Telephone | | | | | | Email | | |  | | | | | | | | | | | | | | Reason for Escalation | | | | | | | | | | | | | |  | | | |  | |  | | | |  | |  | |  | | | |  | |  | | | |  | |  | |  | | | | | | | | | | | | | | Is this the first time you are escalating this matter? If no provide details | | | | | | | | | | | | | |  | | | | | | |  | |  | | | | |  | | | | | | |  | |  | | | | |  | | | | | | |  | |  | | | | | Details of current complaint | | | | | | |  | |  | | | | |  | | | | | | |  | |  | | | | |  | | | | | | |  | |  | | | | |  | | | | | | |  | |  | | | | |  | | | | | | |  | |  | | | | |  |  | | | | | | | |  | List of supporting documents being attached. | | | | | | | |  |  | | | | | | | |  |  | | | | | | | |  |  | | | | | | | |  |  | | | | | | | |  |  | | | | | | | |  |  | | | | | | | |  |  | | | | | | | |  |  | | | | | | | |  |  | | | | | | | | |  |