

Customer complaint form.

Please complete and return this form, addressed to the Manager, to your local dept.

Your details:

Name _____

Customer Number _____

Serving Depot _____

Shop Name _____

Address _____

Telephone Number _____

Email _____

Your complaint:

Date complaint previously raised _____

Query reference number _____

Please indicate which area of our service you feel has fallen short of standards:

- | | |
|--|---|
| <input type="checkbox"/> Deliveries - timelines | <input type="checkbox"/> Invoicing |
| <input type="checkbox"/> Deliveries - quality | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Paper work | <input type="checkbox"/> New customer supply arrangements |
| <input type="checkbox"/> Claims | <input type="checkbox"/> Sub-retailing |
| <input type="checkbox"/> Unsold product & returns collection | <input type="checkbox"/> Financial arrangements |
| <input type="checkbox"/> Voucher product | <input type="checkbox"/> Added-value services |
| <input type="checkbox"/> Order & supply management | |

Signed _____

Print name _____

Date Submitted: _____

Date Received by Manager: _____

Date Received by Regional Director: _____

Please write a description of your complaint in the space provided below:

If you believe that the issue about which you are complaining is serious or persistent, has cost your business sales and you would like to seek restitution, please record the details in the section below:

Issue date	Title	Lost counter sales	HND copies not delivered	HND sales: total copies	HND copies delivered late

Position (eg Owner, Manager) _____

Use this space for extra information and evidence:

Customer complaint form

Reference number: _____

Date first issued: _____

Customer number: _____

Wholesale response to retailer's complaint

Date form returned to the retailer: _____