



**Customer Complaints and Appeals Form**

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

Received from: \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company contact details: \_\_\_\_\_

Description (Tick appropriate box):

<b>Complaint</b>		<b>Appeal</b>	
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**Description Details:**

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**For office use only (Comments):**

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Completed By:	Date	Signature

Reviewed By:	Date	Signature