

1. Customer Details

First Name:		Last Name:	
Do you have an online account with us? Please put a X	YES:		NO:
Preferred Phone No.			
Email address:			
Postal Address:			
Line 1			
Line 2			
Town/City			
County			
Post Code:			

2. Nature of the complaint

Complaint category (Please put a X):	Product		Service		Website	
	Online shop		Shipping		Other	

2. Details of the complaint: (please include: dates/times, order numbers, product information (make & model), delivery/shipping, purchase method etc as applicable)

Office use only

Complaint received by:

Name:		Date received:	
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Method: Please put a X

Direct E-mail		Website email		Post		In person	
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Action/s taken or required:

	By Who:

Date action completed:		Customer notified: Y/N		Date:	
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Signature:		Name:	
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Note for office Staff:
 This signed form is to be retained and archived in accordance with our Privacy and Terms of Sales policies.

