

Customer Form for complaints

The following is a sample form, containing the principal information which may aid a complainant to provide the key details required for the organization to handle the complaint adequately.

Please send form by fax on +44 (0) 1902 421360 or email info@mdti.co.uk

1 Details of complainant
Name/organization _____
Address _____
Postal code, town _____
Country _____
Phone No. _____
Fax No. _____
E-Mail _____
Details of person acting on behalf of complainant (if applicable) _____
Person to be contacted (if different from above) _____
2 Product description
Reference number of product/order (if known) _____
Description _____ _____ _____
3 Problem encountered
Date of occurrence _____
Description _____ _____ _____
4 Remedy requested
yes <input type="checkbox"/> no <input type="checkbox"/>
_____ _____
5 Date, signature
Date _____ Signature _____
6 Enclosure
List of enclosed documents _____ _____