

CUSTOMER COMPLAINT

This form is to be used by employers that wish to raise a 'Customer Complaint' in the event that service provided by iSales has not met their expectations.

Reference to iSales Customer Complaint Policy should be made when completing this form. The policy sets out the procedure for handling a complaint from receipt, through investigation, response, closure and where necessary, raising a corrective action.

iSales will acknowledge the complaint and confirm next steps within 3 working days.

Company & Contact Details:

Contact Name:	<input type="text"/>	Company:	<input type="text"/>
Job Title:	<input type="text"/>	Work Postcode:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

Summary of the Complaint:

Please provide detailed information so that the matter can be correctly investigated:



Suggestion for Improvements:

If appropriate, please detail any suggestions for improvement that you may have to include any expectations for satisfactory resolution:

FOR OFFICE USE ONLY:

Date / Time Received:

Received By:

Responsible Person: