

DOC17

ASPIRE LOCUMS

RECORD OF COMPLAINT

Customer / Caller:

Address:

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Postcode: Phone:

Date: / /20

Time:

Message taken by:

Any Previous Ref:

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Details of complaint:

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Actioned by:

Was this a defect: ☐ Yes ☐ No

If Yes, what corrective action was taken?

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Defect checked and rectified by:

Notes:

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7 Day acknowledgement sent: / /

Final Investigation Results sent: / /

Complainant Satisfied: ☐ Yes ☐ No

Further Investigation result sent: / /