

CUSTOMER COMPLAINT FORM

Name: Complaint #:

Address:

Telephone #:

Date & Time of Complaint:

Description of Complaint:

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Time & date of meal when food was eaten/purchased:

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History of food after purchase: (include transport, storage, re-heat if applicable)

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Location where food was eaten:

Details of any illness/injury caused:

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Are there any other related complaints?

If yes, complaint number:

Signature of person receiving complaint:

Manager's comments & actions:

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Was the customer provided with a follow-up letter detailing results of investigation? Yes No

Manager Signature: _____ **Date:** _____