

Be Safe Paramedical cc		F-04-04-05
CLIENT COMPLAINT RECORD	REV. 01	DATE: 30-04-2015
	AUTHOR: G. Sutton	

REF NO: CC-

(Numbering CC followed by complaint number and year i.e. CC-1-2015, CC-2-2015, CC-3-2015)

PART 1: COMPANY DETAILS (to be completed by person reporting complaint)
REPORTER'S NAME:
COMPANY NAME:
CONTACT NUMBER:
EMAIL ADDRESS:

PART 2: COMPLAINT DETAILS (to be completed by person reporting complaint)		
DATE:	Complaint related to: (please tick appropriate field)	
DETAILS OF COMPLAINT (Please provide as much detail as possible)		PRODUCT:
		SERVICE:
		DELIVERY:
		ADMINISTRATIVE:

PART 3: ACTION: (to be completed by Responsible Person at Be Safe Paramedical cc)	
DATE COMPLAINT RECEIVED:	FOR OFFICE USE ONLY
RECEIVED BY: (name)	
COMPLAINT ASSIGNED TO: (person for action)	
ACTION TAKEN TO RECTIFY COMPLAINT:	
DATE CLOSED:	
CLOSED BY: (name)	