**CUSTOMER COMPLAINT FORM**

1. **Customer Details**

|  |  |
| --- | --- |
| Business name | Business name |
| Title | Title | Family name | Family name |
| Given names | Given name(s) |
| Street address | Street address |
| Suburb | Suburb | Postcode | Postcode |
| Business Phone No. | Business Phone No. | Mobile Phone No. | Mobile Phone No. |
| Email address | Email address |

1. **Details of any SBN team members involved in this complaint (*if applicable and known*)**

|  |  |
| --- | --- |
| Name of SBN Team Member | Name of SBN Team Member |
| Department within SBN  | Department within SBN |
| SBN Team Member’s contact phone no. | SBN Team Member’s contact phone no. |
| SBN Team Member’s Email address | SBN Team Member’s Email address |

1. **Date of incident**

Click to enter a date or select from drop down

1. **Details of customer complaint**

|  |
| --- |
| Details of customer complain. Please provide as much relevant information as possible in relation to the complaint. |

***Please submit the Complaint Form to*** ***complaints@strengthbynumbers.com*** ***once completed***

**Office use only**

Complaint received by: Date received: In person/writing:

Action taken or action required:

Signature

*x*