

CUSTOMER COMPLAINT FORM

Please complete this form and return to:
Skills4Work PO Box 62561 Central Park, Penrose, Auckland.

NAME: _____

DATE: _____

CONTACT DETAILS: _____

DETAILS OF COMPLAINT:

Continue on a separate sheet if necessary

ACTION: (OFFICE USE ONLY)

COMPLAINT RECEIVED BY: _____

DATE: _____

COMPLAINT NUMBER: _____

CAPA RAISED: Y / N

RESPONSE DATE: _____

SIGNED: _____