



Customer Service Form

Customer Details:

| | |
|----------------------|----------------------|
| Name: | Address: |
| <input type="text"/> | <input type="text"/> |

Contact:

| | | |
|----------------------|----------------------|----------------------|
| Phone: | Email: | Other: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details of Goods or Services Supplied to the Customer:

Date of Service: dd/mm/yy

Description of the goods or service including, make, model, type of service, purchase method, etc.

Details of the customer's issue with service/goods:

Office use only

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Received by: | Date: dd/mm/yy | In Person: | In Writing: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Action Taken:

Date complete: dd/mm/yy

Signature:

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|