



# Customer Complaint Form

## 1. Customer details

Title (Mr, Mrs, etc)	Family name (surname)	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street address	Postcode	
<input type="text"/>	<input type="text"/>	
Telephone number	<input type="text"/>	
Email address	<input type="text"/>	

## 2. Details of wine(s) supplied to the customer

Date of purchase

Description of the wine including name, variety, vintage and lot number on the back label

## 3. Details of what the customer complaint is

**Office use only**

Complaint received by	Date received	In person <input type="checkbox"/>
<input type="text"/>	<input type="text" value=" / /"/>	In writing <input type="checkbox"/>

Action taken or required

Date action completed	Signature
<input type="text" value=" / /"/>	<input type="text"/>