

CUSTOMER COMPLAINT FORM



CUSTOMER DETAILS

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

INCIDENT DETAILS

Incident date: _____

Incident location: _____

Incident time: _____

Driver name: _____

Service number: _____

Route details: _____

Vehicle Reg No: _____

Details of Complaint:

Witness details: _____

Please return completed form to:
Customer Services Manager • West Coast Motors • Benmhor • Campbeltown • Argyll PA28 6DN

Office use only

Complaint received by

Date received
____ / ____ / ____

In person In writing

Action taken or required

Date action completed
____ / ____ / ____

Signature _____