Customer Complaint

Initial Call Recorder:_____

Customer Name: _____

Address: _____ **Phone:** _____

Date:_____ **Time:**_____

Summary of the Problem:

Date of Action Taken:_____ **Time of Action Taken:** _____

Summary of Action Taken:

Results Summary:

Follow Up Phone Call Date: _____ **Time of Call:**_____

Employee Signature: _____

MLR Signature: _____