Customer Complaints

Customer Name:		
First:	Last:	
Customer Phone #:		
Date/Time of Incident:		
Who took Complaint:		-
Solution (and was it approved by	operator/assist):	
Redeemed by:		
Date Redeemed:		
	Customer Complain	ts
Customer Name:		
First:	Last:	
Customer Phone #:		
Date/Time of Incident:		
Who took Complaint:		-
Solution (and was it approved by	operator/assist):	
Redeemed by:		
Date Redeemed:		