



Complaints Form

Client/Customer Information			
Name		Address	
Date		Time	
Signature of complainant:			
Description of area of concern/complaint – <i>please describe the key area of your concern i.e., service, product. Please include any relevant information or evidence to support your complaint.</i>			
Do you have any suggestions/recommendations for Glide to improve?			
Do you wish to receive a response regarding your complaint? Y/N			
For Office use only			
Date complaint received		Complaint ID number	
Acknowledgement of complaint sent		Date	
Resolution (to be completed by relevant area/key Manager)			
Management Review- Review and closing by GM/Directors			
Name		Area of Business	
Position		Date	