



# Whistler Community Services Society

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## CUSTOMER/CLIENT COMPLAINT FORM

Name (The <b>Customer/Client</b> )			
Address		City	
Province	Postal Code	Phone	Fax
E-mail			

Complaint Taken By (The <b>Employee</b> )
Date Complaint Received
Product/Service Description

Complaint:
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Corrective Action:
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Has the problem been resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
If no, to whom was the problem transferred? _____	

How will the problem be avoided in the future?
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Date: \_\_\_\_\_

Customer (Signature) \_\_\_\_\_

Employee (Signature) \_\_\_\_\_

Customer Name \_\_\_\_\_

Employee Name \_\_\_\_\_

*WCSS mission is to provide programs and services that improve social sustainability in Whistler.*

