

Skills4Work Limited trading as Skills4Work

Customer Complaint Form

Please complete this form and return to:

Skills4Work, P.O. Box 62561, Greenlane, Auckland 1546

Name: _____

Date: ____/____/____

Contact Number: _____

Contact Email: _____

What is the best way to contact you? Phone / Email

Details of Complaint:

Continue on a separate sheet, if necessary

Outcome of Investigation and Action Taken: (Office Use Only)

Action	By Whom	By When

Complaint Received by: _____

Date: ____/____/____

Complaint Number: _____

CAPA Raised: Y / N

Response to Complaint Completed: Y / N

Response Date: ____/____/____

Response Method: Phone / Email