



**CUNNINGHAME FURNITURE RECYLING COMPANY (CFRC)  
Complaints Form**

Customers Details			
Date:	Title:	First Name:	Surname:
Address:			Town: Post Code:
Tel No:			

**Details of Complaint**

*Please provide brief details of customer's Complaint.*

<b>Complaint logged by :</b>	Name: Time:
<b>Time complaint passed to Manager :</b>	
<b>Sales/Job No:</b>	
<b>Complaint closed :</b>	Name: Date: Time:
<b>Recorded on spreadsheet :</b>	Initial & date: