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| **CUSTOMER SERVICE - RESPONSE FORM** | |
| Customer Name: | Date and Time: |
| Staff member: |
| Customer Telephone: | Department: |
| Telephone: |
| Customer Email: | Staff member email: |
| Situation requiring action: | |
| **REMEDIAL ACTION PROCESS** | |
| To: | Department: |
| Date and Time received: | |
| Action taken: | |
| Recommended next steps: | |
| To: | Department” |
| Date and Time received: | |
| Action taken: | |
| Recommended next steps/Resolution with client: | |