



Date/Time: _____

Azzule

Complaint/Feedback Report

Company Name: _____
Address: _____
Name of contact: _____

Phone #: _____
Email: _____
Complaint/Feedback sent to: _____

Detailed Complaint/Feedback Description (if by e-mail or letter attach a copy to this form):

Azzule Only:

CR #: _____

Azzule Representative: _____

Complaint Type/Department – *Ongoing*

Complaint/Feedback Handled By:

Estimate Date of Resolution: _____
CA Assigned CA #: _____

Date Resolved:

Complaint/Feedback Resolution Approved By:

Print: _____ Date: _____ Sign: _____

Comments and/or Follow Up Actions:

**Attach any additional information to this form (e.g., formal resolution, copies of results, emails, etc)*