

PRINTABLE CUSTOMER RESOLUTION FORM

Tech	
Date of Call	_____
Date Resolution	_____
OFFICE USE ONLY	

CUSTOMER RESOLUTION FORM

We Do More!

Nature of the complaint: _____

PRICE: _____ VALUE: _____ DAMAGE: _____

Name: _____ Home Ph. _____ Cell Ph. _____

Address: _____ City, State: _____ Zip: _____

Job #: _____ Inv #: _____ Date of work: _____

Payment Method: _____ Tech: _____ CSR: _____

Date call taken: _____ Who is calling w/ complaint: _____

Questions to ask the customer		Yes	No
1.	Did our technician review the problem with you?		
2.	Did our technician give you options to choose from?		
3.	Did our technician quote you an exact price prior to doing the work?		
4.	Did our technician have you sign the work order to approve the work prior to starting?		
5.	Did you sign the work order where it stated you were 100% satisfied with the work performed?		

What would make a customer a raving fan: _____

Action Taken: _____

Credit Amount: _____ Refund Amount: _____ Check / CC: _____

Comments and Recommendations From Service Center T/L

Comments

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Date tech briefed: _____ SVC MGR: _____ Owner / Director: _____

Recommended future action: _____
