Customer Complaint Form

Customers, service, and delivery · Event-based

Record details

Business name

Date / time

Received by

Table / order no.

Guest name / telephone

Channel (dine-in / delivery / telephone)

Subject

Question	Yes	No	Initials	Notes
Product quality or cooking?	☐	☐		
Timing or cold delivery?	☐	☐		
Bill or price?	☐	☐		
Staff conduct?	☐	☐		
Cleanliness or hygiene?	☐	☐		
Missing item or incorrect order?	☐	☐		

Resolution

Question	Yes	No	Initials	Notes
Was an apology given?	☐	☐		
Was the product replaced?	☐	☐		
Was a complimentary item or discount provided?	☐	☐		
Was manager approval obtained?	☐	☐		
Was the kitchen or courier informed?	☐	☐		
Was an action to prevent recurrence recorded?	☐	☐		

Guest's description and resolution notes

Signature

Signature of person receiving complaint

Manager signature

Time

This form is a checklist for training purposes. It does not change your municipal, food registration, or occupational health obligations. Confirm local requirements in writing.