

# Customer Experience Complaint Statement

Date:

YYYY-MM-DD

Customer Name:

Full Name

Contact Information:

Email or Phone Number

Store / Location:

Retail Store or Location

Order/Transaction Number (if applicable):

Order/Transaction Number

Describe Your Experience:

Please provide a detailed description of your experience, including dates, times, staff involved, and any relevant details.

What Outcome Would You Like to See?

Describe your expected resolution or support.

Customer Signature

Date