

CafÃ© Customer Complaint Incident Report

Date of Incident

YYYY-MM-DD

Time of Incident

HH:MM

Location (e.g., Table No.)

e.g., Table 7, Patio Area

Customer Name

Enter customer name

Contact Information

Phone or Email

Nature of Complaint

Describe the incident or complaint...

Action Taken / Staff Response

Detail immediate action or response taken...

Staff Members Involved (if any)

Names of staff involved

Witnesses (if any)

Names of witnesses

Reported By

Staff name

Report Date

YYYY-MM-DD

