

# Spa Guest Complaint Resolution Document

**Date**

YYYY-MM-DD

**Time**

HH:MM

**Guest Name**

Enter guest name

**Contact Information**

Phone / Email

**Complaint Details**

Describe the complaint in detail

**Service Date**

YYYY-MM-DD

**Therapist/Attendant**

Enter name

**Investigation / Staff Response**

Details of investigation or staff response

**Action Taken / Resolution**

Describe the action taken to resolve the complaint

**Resolved By**

Staff name

**Date of Resolution**

YYYY-MM-DD

**Guest Signature**

(If applicable)

**Staff Signature**