**GET Solutions Customer Complaint Form**

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| **Customer Information** |
| **Customer lead contact name and position:** |  |
| **Customer trading name:** |  |
| **Customer business address (add supply address if different):** |  |
| **Preferred contact number:** |  |
| **E-mail address:** |  |
| **Preferred method of communication e-mail/letter** |  |
| **Name of third party sales agent (if contract was not agreed directly with a Get Solutions Sales Consultant)** |  |
| **MPR NO:** | **MPAN NO:** |
| **Supplier:** |  |
| **Complaint Information** |
| **Complaint date:** |  |
| **Complaint details:** |  |
| **How would you like us to deal with this complaint? Please include the resolution you are looking for.** |  |
| **Date:** |  |