Exclusive Collectables Pty Ltd
ABN: 63 103 682 462

CUSTOMER COMPLAINT FORM

Date of Complaint: _____/_____/_____

Customer Details

ABN: _____
Name: _____
Address: _____
_____
Phone: _____
Fax: _____
Email: _____

Complaint against

Product ☐

Stockist ☐

Service ☐

Complaint
When filing your complaint please provide accurate and in depth details.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

COMPANY USE ONLY

Approved / Declined: _____ **Date:** _____/_____/_____
Researched: _____
Action Taken: _____

INITIAL: _____