

CUSTOMER FEEDBACK FORM

Customer Feedback received via: <input type="checkbox"/> Customer (in person) <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
Customer Information	Service: <input type="checkbox"/> EL <input type="checkbox"/> WT <input type="checkbox"/> SW <input type="checkbox"/> SA <input type="checkbox"/> Office <input type="checkbox"/> Other
Customer Name	Account Number
Service Address	
Customer Contact Information:	Phone
	E-Mail
Feedback:	
Below to be filled out by Employee	
Feedback Taken by (Employee Name)	
Date Received	Date Completed:
Action Taken / Corrective Action:	
Additional Information: <input type="checkbox"/> No Fault <input type="checkbox"/> Policy <input type="checkbox"/> Utility Issue <input type="checkbox"/> Customer Issue	

Customer (Signature)

Employee (Signature)



WINCHESTER

UTILITIES