OneBeacon
GOVERNMENT RISKS

Sample Customer Complaint Form

Complainant	Name	
	Address	
	Phone	
	Email	

Internal	Today's Date		Time Reported	
	How Reported			
	Received By			
	Assigned To			
	Priority	❒ Emergency ❒ Routine ❒ Other		

Citizen Complaint	Location	
	Date of Incident	
	Description	
	Damage	

Department Manager	Priority: ❒ Emergency ❒ Routine ❒ Other	
	❒ Work Order Issued	Date/Time:
	❒ Work Completed	Date/Time:
	Manager Initials	