|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Sender details** | | | |
| Company Name | | Name, Last name | |
| Telephone Number (work) | Telephone Number (work) | | Email address |
| 1. **Details of other person or supplier involved in this complaint/ recommendation** | | | |
| Company Name | | Name, Last name | |
| Telephone Number (work) | Telephone Number (work) | | Email address |
| 1. **Details of goods or services supplied to the sender** | | | |
| Date of purchase or service  Click here to enter a date. | | | |
| Description of the goods or service including make, model, type of service, purchase method, etc. | | | |
| 1. **Details of what the sender complaint/ recommend is** | | | |
|  | | | |
| **To be filled by Azecolab** | | | |
| Complaint/Recommendation received by | | | Date received  Click here to enter a date. |
| Action taken or required | | | |
| Date action completed  Click here to enter a date. | Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |