



Better Business Council  
 2000 South Washington Avenue  
 Titusville, FL 32780  
 321-267-3036  
 321-264-0127 fax  
 www.titusville.org

# Complaint Report

**TO THE CUSTOMER:** This report will become a full record of your complaint, along with the reply by the business concerned. Please provide copies of all pertinent supporting paperwork (contracts, cancelled checks, sales receipts, photographs, etc.) for consideration during the complaint process. All materials submitted will remain as part of the complaint record and will not be returned.

Date: \_\_\_\_\_

**Business Information:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone: \_\_\_\_\_

**Complaint Details:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Complainant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone: \_\_\_\_\_

*Please provide as much detail as possible, using additional paper if necessary and send copies of all supporting documents.*

What tangible resolution do you desire? \_\_\_\_\_

Have you discussed complaint with firm? \_\_\_\_\_

Name of company representative you spoke with \_\_\_\_\_

Signature \_\_\_\_\_

*(Complaint must be signed)*

**STOP! DO NOT WRITE BELOW THIS LINE.**

**TO THE BUSINESS:** Evidence of satisfactory complaint adjustment or fair consideration of complaints enhances the business reputation of your firm. Customers are not always right, but are always vital to your business. Before mailing consider whether or not you have made your best effort. When replying, please provide any additional supporting documentation and as much detail as possible.

Reply Date: \_\_\_\_\_

Were you aware of this complaint? \_\_\_\_\_ Do you feel the complaint is justified, reasonable, and legitimate? \_\_\_\_\_

Have you attempted to reach an amicable settlement? \_\_\_\_\_ What would be a reasonable settlement? \_\_\_\_\_

Comments: \_\_\_\_\_

*Merchant: A copy will be returned to above complainant. Retain last copy for your records.*

*Please Note: When completely processed, a copy of this complaint, will be on file with the Better Business Council for future reference when recommendations are solicited.*

Signature: \_\_\_\_\_

Print Name & Position: \_\_\_\_\_

Business Name: \_\_\_\_\_