



## **COSTUMER COMPLAINT FORM**

To help us ensure that we understand your complaint and can respond promptly, please complete this form and return to the **All 4 Logistics Ltd.**

**YOUR NAME:** \_\_\_\_\_

**NAME OF CUSTOMER**

(if different): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**YOUR ADDRESS:** \_\_\_\_\_

**YOUR PHONE NUMBER:**      Business                                      Mobile  
\_\_\_\_\_

**PLEASE DESCRIBE YOUR COMPLAINT:**

**Please be as specific as you can.** Include any names or dates as this may help resolve your complaint. You can use the back of this form or attach additional information to describe your complaint. Don't forget to attach all necessary documentation if any.

**Please tell us HOW WOULD YOU LIKE TO SEE YOUR COMPLAINT RESOLVED:**

**Details of any evidence:** Do not forget to include all documentation, if any, to validate your complaint.

**Signature**

**Date**

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