

UNIT 5 SECURITY & INVESTIGATION (PTY) LTD

CLIENT COMPLAINT & SERVICE ESCALATION FORM

Client / Company: _____

Contact Person: _____

Telephone: _____

Email: _____

Site / Contract: _____

Date of Complaint: _____

Service Division: _____

Incident / Reference Number: _____

Complaint / Concern

_____
_____

_____
_____

_____
_____

_____
_____

Requested Resolution

_____
_____

_____
_____

Urgency: ☐ Routine ☐ High ☐ Critical / Immediate Escalation

Client Signature: _____ Date: _____
Received By Unit 5: _____ Date: _____