

CUSTOMER COMPLAINTS FORM

Perfect Group

REMOVALS | FURNITURE | STORAGE



In order for us to process your complaint we require you to complete this form accurately and with as much detail as possible. This will help our Complaints Team assess your case and provide an outcome within 15 days.

All receipt copies and photographs must be attached to your email when returning this form, failure to do so may impact the outcome of your complaint.

Customer Details	
First Name:	
Last Name:	
Email Address:	
Address Line 1:	
Address Line 2:	
City:	
Post Code:	
Customer Job Ref:	

Complaint	
Incident Date:	
Location/Address where incident occurred: (If different from above)	
Type of Complaint:	<input type="checkbox"/> Customer Service <input type="checkbox"/> Billing <input type="checkbox"/> Vehicles/Driving <input type="checkbox"/> Goods Damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Missing Goods <input type="checkbox"/> Other
Were Perfect Group staff notified on the day of the incident?	



<p>Complaint Description:</p> <p>Please describe your complaint in as much detail as possible.</p>	
<p>Did you witness the incident?</p>	

Damage Information (if applicable)	
<p>Description of item:</p>	
<p>Date of Purchase:</p>	
<p>Original Purchase Price:</p> <p>Please attach receipts for proof of purchase</p>	
<p>Type of damage:</p> <p>Please provide clear photographic evidence and a description of damage</p>	
<p>Additional Comments Here:</p>	