



CUSTOMER COMPLAINT FORM

119 West Berry Road
South Congaree, SC 29172

Date: _____ Phone #: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Email Address: _____

Nature of Complaint:

Signature: _____

For Office Use Only:

Signature of person receiving complaint: _____

Date received: _____

Action taken: _____