Veggera Hotel

CUSTOMERS COMPLAINTS OBSERVATION FORM

A/A	CUSTOMER	DATE

1. DESCRIPTION OF THE PROBLEM

2. CAUSE OF THE PROBLEM

TO WHOM THE RESPONSIBILITY IS:

THE …… **THE** …… **THE** ……..

3. HOW TO DEAL WITH THE PROBLEM

THE MANAGER OF THE IMPLEMENTATION

…….

4. HAS A SIMILAR PROMBLEM BEEN CAUSED BY ANY OTHER CUSTOMERS ?

WERE THE NECESSARY CORRECTIONS MADE **YES** ☐ **NO** ☐

A/A E 803-1.....

THE QUALITY MANAGER.....

DATE.....