

Customer Service Incident Report

Please give as much information as possible. Thank You!

Business Name: _____

Date of Occurrence: _____

Time of Day: _____

Name of Employee(s) Involved: _____

Explanation of Incident:

Signature: _____ **Date:** _____

Our chamber members work very hard to provide excellent customer service. They tell us that when their service is less than satisfactory, they want to know about it so that improvement can be made. This document is not intended to accuse or judge, but only to provide a means for the chamber to inform you when a customer of yours has taken the time to come to the chamber office and ask to file a complaint. We understand that there are two or more sides to every situation and assure you that we do not take sides or offer advise. We simply take down the information and forward it to you.

This report has been provided to you as a courtesy of:



The Owatonna Area Chamber of Commerce and Tourism
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