

Complaints Form

Customer Company Name:	Account Number:
Date of Complaint:	Submitted By Person:
Magnalux Itd takes your opinion seriously and will endeavour to answer any formal complaints by email within one working week after thorough investigation. Witness statement of complaint (Please state your reason for raising a formal complaint below)	
Customer email for response:	
(The following is for office use only)	
Complaint reviewed By Magnalux Yes	S No
Magnalux Assessed By:	Date:
Outcome (is further action required?):	Yes No
Explain	

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