

Documentation of Negative Customer Service Interaction

Date: [Insert Date]

Customer Name: [Insert Customer Name]

Contact Information: [Insert Contact Info]

Service Interaction Date: [Insert Interaction Date]

Service Representative Name: [Insert Representative Name]

Details of the Interaction:

[Insert a detailed account of the negative interaction, including what occurred, the issues faced, and any responses from the service representative.]

Impact of the Interaction:

[Describe how the interaction impacted the customer, including any inconvenience or dissatisfaction caused.]

Resolution Sought:

[Detail any resolution the customer is seeking, including compensation, an apology, or other actions.]

Follow-Up Actions:

[Outline any next steps or follow-ups that the customer plans to take, if necessary.]

Signature: _____

Name: [Insert Your Name]

Position: [Insert Your Position]