AIC Branch Office Customer Complaint Log

For the Quarter Ending	Complaint(s) Received?	Date Received	Customer Name	Representative Name	Supervisor Name	Date Reported to Supervisor	Brief Description of Complaint
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						
	☐ Yes ☐ No						