

## **FSH MAINTENANCE LTD: CUSTOMER COMPLAINTS FORM.**

Please complete this form with as much detail as possible and forward to.

FSH Maintenance Ltd  
FSH House  
Redhill Road  
Castleford  
WF10 3AD

Customer Name:	
Address:	
Telephone Number:	
FSH Surveyor's Name (If known)	
FSH Job Number:	
Insurers name (If Applicable)	
Date Problem Occurred:	
Name of the FSH Employee working at time problem noted:	
Was the employee informed of the problem, if yes what was the response?	

**Please provide details of the problem about which you have cause to complain.**

Comments:

Please continue on the reverse of this sheet if necessary.

Signed: (Customer).....

Dated...../...../.....