

## **Complaint Resolution Form**

Name:
Mailing Address:
Phone Number:
Email Address:
Are you making this complaint on behalf of someone else?
Yes No No
Is the complainant aware you are doing this? Yes $\square$ No $\square$
Have you spoken to anyone at Kardel about your complaint prior to completing this form?
Yes No No
If yes, who did you speak to?
Please provide a description of the complaint:

## Date:

Thank you for your feedback. The Director of Quality Assurance will contact the complainant within 2 days of the written formal complaint being received.

