COMPLAINT FORM

Please fill out the relevant information then submit it to mdizon@beehealthy.ph
Please expect an action plan within 48 hours.

Save this MS Word file with the file name format:
Cf.'branch initials'.'mm.dd.yy' e.g. – cf.lct.8.10.14

Field	Information
Date	
Manager/Promo Girl	
Issue	
Recommendation	Repair

For office use only

Field	Information
Action Plan	
Date of repair	
Results	

COMPLAINT FORM

BeeHEALTHY TRADING