[Your Business Name]
[phone] · [email] · [address]

Client Complaint & Resolution Record

For cleaning businesses — one chronological record from the first report to the confirmed resolution and the prevention step.

Document details

Complaint reference: _____

1 · Client & job information

Client name: _____
Service address: _____
Client phone: _____
Email: _____
Job reference: _____
Cleaning date: _____
Cleaner / team responsible: _____

2 · Complaint received

Date received: _____
Time received: _____
Received by: _____

Contact channel

- ☐ Text
- ☐ Email
- ☐ Phone
- ☐ In person
- ☐ Other

Complaint category

- ☐ Missed task
- ☐ Cleaning quality
- ☐ Damage concern
- ☐ Scheduling
- ☐ Staff conduct
- ☐ Access
- ☐ Billing
- ☐ Other

Client's description of the issue

_____

_____

_____

Room / area concerned: _____

Evidence or attachments received

- ☐ Yes
- ☐ No

Evidence description: _____

Client's requested outcome

_____

3 · Acknowledgement

Date acknowledged: _____

Time acknowledged: _____

Acknowledged by: _____

Method

- ☐ Text
- ☐ Email
- ☐ Phone
- ☐ Other

Response given

_____

_____

Expected next update date: _____

4 · Internal review

Review date: _____

Reviewed by: _____

Findings

_____

_____

Root cause

- ☐ Task overlooked
- ☐ Time estimate
- ☐ Training gap
- ☐ Product / equipment
- ☐ Communication
- ☐ Other

Additional notes

_____

_____

5 · Resolution plan — resolution type

- ☐ Corrective visit
- ☐ Re-clean
- ☐ Refund consideration
- ☐ Credit consideration
- ☐ Explanation
- ☐ Other

Agreed action

_____

_____

Responsible person: _____

Scheduled date: _____

Scheduled time: _____

Cost to client ($): _____

Client informed

☐ Yes ☐ No

Client response

6 · Corrective visit

Visit date: _____

Arrival time: _____

Assigned cleaner: _____

Corrective work completed

Inspection completed

☐ Yes ☐ No

Inspector: _____

Completion date: _____

7 · Client confirmation

Contact date: _____

Contact method

☐ Text ☐ Phone

☐ Email ☐ Other

Client response

☐ Satisfied ☐ Not satisfied

☐ Partially satisfied ☐ No response

Client comments

Confirmed by: _____

Follow-up required

☐ Yes ☐ No

8 · Prevention step — what will change to prevent recurrence?

Action owner: _____

Target completion date: _____

Completed date: _____

Verification by: _____

9 · Closure — complaint status

- ☐ Open
- ☐ In progress
- ☐ Resolved
- ☐ Closed — client unreachable

Closure date: _____

Manager / owner signature: _____

Date: _____

Do not describe an issue as resolved merely because a corrective visit was scheduled. Record what actually happened and the client's response.

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