



Customer Experience Report

The Better Business Department is supported by member firms of the Venice Area Chamber of Commerce. They make this public service available without cost to you.

To The Customer: You are reporting an unsatisfactory business transaction. If your problem falls within the areas of activity indicated by the check list below, we will refer this report to the company for special review and reply. Enclose any contracts, advertising, letters, etc., that may support your claim. (We will make copies if needed.)

Your Name _____
Address _____
City _____ State ____ Zip _____
Your Phone Number _____

Company _____
Address _____
City _____ State ____ Zip _____
Company Phone Number _____

Date of Transaction _____
Sales Person _____
Receipt Contract No. _____
Product./Service _____
If advertised, when? _____
Where? (Enclose ad) _____

Have you complained to the above? _____
In writing or orally? _____
To whom? _____

Check causes of complaint and explain:

- Advertised item not available
- Defective merchandise
- Guarantee or contract not filled
- Misrepresentation, advertised
- Misrepresentation, oral
- Non-delivery of merchandise
- Promised adjustment not fulfilled
- Unsatisfactory installation or service
- Other (indicate below)

Please briefly explain complaint and attach two copies of documentation: _____

What adjustment do you consider mutually fair?: _____

Inter Office Info:

ML 1. _____ ML 5. _____
ML 2. _____ ML 6. _____
ML 3. _____ ML 7. _____
ML 4. _____

I HEREBY RELEASE, indemnify and hold harmless the Venice Area Chamber of Commerce for any claim, loss, action or cause of action of any kind whatsoever, arising out of or resulting from its acceptance, filing, publication or use, in any manner, of this form and the complaint. I have read and understood the terms of the agreement and agree to be bound by them. All my allegations are true.

Signature: _____