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## Guest Complaint Record

Date:
Time:
Name of staff member who received the complaint:
Name of staff member dealing with complaint:
Name of guest / staff making complaint:
On behalf of:
Verbal statement taken      YES/NO (if taken then attach to this form)
MORE TEXT ON FULL DOCUMENT
MORE TEXT ON FULL DOCUMENT
MORE TEXT ON FULL DOCUMENT
MORE TEXT ON FULL DOCUMENT
MORE TEXT ON FULL DOCUMENT
Signed: <span style="float: right;">Date:</span>

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