

DATE: 1-24-92

TIME: 9:10

COMPLAINT NO.: _____

RECORD OF TELEPHONE CALL

CUSTOMER NAME: Mr. Clinton Harlow

DEALER: _____

ADDRESS: Rt 8 Box 5

ADDRESS: _____

Llan 7X 98643

PHONE: _____

PHONE: _____

PRODUCT: 32 Mag

CODE/SN: 701

☐ PERSONAL INJURY ☒ PRODUCT DAMAGE ☐ PRESIDENTIAL ☐ OTHER

CUSTOMER'S ATTITUDE:

BEGINNING: ☐ IRATE ☐ ANGRY ☒ CALM ☐ PLEASED

AT END: ☐ IRATE ☐ ANGRY ☐ CALM ☒ PLEASED

☒ COMPLAINT:

☐ INQUIRY:

RESOLUTION:

UPS - C.O.D. - Letter

COMMENTS: