



The Adult Learning Centre

Atikokan Literacy Inc.
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Customer Complaint Report **For Record:**

Name: _____

Address: _____

Phone Home: _____ Work: _____

Nature of Issue: Time: _____ Date: _____ Location: _____

Resolution: Date: _____

Follow up: Date: _____

Is complainant satisfied with the resolution? ___Yes ___No

Appeal: Date: _____

Final Resolution Decision:

