

CONSUMER COMPLAINT REPORT

DATE: _____

Customer Information	
Name(s):	
Address:	
Telephone/Fax:	
Email:	

Nature of Complaint (Check One):	
<input type="checkbox"/> Flight Problem (Cancellation, Delay, Misconnections)	
<input type="checkbox"/> Reservations/Ticketing/Boarding	<input type="checkbox"/> Animals
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Parking Issue
<input type="checkbox"/> Baggage	<input type="checkbox"/> Grounds (Sidewalks, Bathrooms, etc.)
<input type="checkbox"/> Refunds	<input type="checkbox"/> Lost & Found
<input type="checkbox"/> Fares	<input type="checkbox"/> TSA
<input type="checkbox"/> Disability	<input type="checkbox"/> Law Enforcement/Security
<input type="checkbox"/> Advertising	<input type="checkbox"/> Terminal Vending
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Car Rentals
<input type="checkbox"/> WIFI	<input type="checkbox"/> Other

Complaint:

FOR OFFICIAL USE ONLY:

Airline Information	
Airline:	
Flight:	
Flight #/ Time:	
Date:	
Complaint:	
Airline Follow-Up	
Airline Staff:	
Time/Date:	
Report:	

LEO Observation	
Deputy:	
Time/Date:	
Report:	

TSA Observation	
Deputy:	
Time/Date:	
Report:	

Customer Follow-Up	
Date/Time:	
Outcome:	