JSDA OFFICIAL GRIEVANCE FORM

INSTRUCTIONS: Thank you for bringing this matter to our attention. We take all grievances seriously. Please complete this form in as much detail as possible.

Once completed, please sign and return this form via email to **info@jsda.com**

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1. CONTACT INFORMATION

Full Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Account / Reference # (If applicable): _____

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2. INCIDENT DETAILS

Date of Incident: _____ **Time:** _____

Location of Incident (e.g., Store location, Website URL, Phone):

_____

Name(s) of Employee(s) Involved (If known):

_____

_____

3. NATURE OF GRIEVANCE *(Please place an X next to the category that best describes your issue)*

[ ] Product Quality / Defect [ ] Service / Staff Conduct [ ] Billing / Payment Issue [ ] Delivery / Shipping [ ] Policy / Compliance [ ] Other: _____

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4. DESCRIPTION OF GRIEVANCE *Please describe the issue in detail. Include facts, what was said, and the sequence of events.*

(Attach additional pages if necessary)

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5. DESIRED RESOLUTION *What action would you like us to take to resolve this matter?*

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6. SIGNATURE

I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Case Number: _____