

Resolution Form

Company Contact Information					
Name:		Date:			
Address:		City, State:			
Phone Number:		Email:			
Type of Service					
Description:					
Customer whom your Company serviced					
Name:		Date:		Email:	
Details					
Description of Customer Experience:					
Plan of and/or for Improvement:					
Additional Notes:					
Acknowledgement of Receipt of Follow up from Service Provider					
<i>By signing this form, you confirm that you provided (or intend on providing) additional service to the original intended customer. You also confirm that you and the customer have discussed the issue and have come to an agreement for a plan of improvement (and/or actions have already taken place).</i>					
Company (Service Provider) Signature				Date	
Customer Signature				Date	

Mailing Address: Att: Ethical Services Admin - 4440 S Rural Rd, Building F, Tempe, AZ, 85282
Fax Number: Att: Ethical Services Admin - 480-858-0004
Email: Subject: Ethical Services Resolution Form - service@ethicalservices.com