Cleaning complaint and re-clean record

FORM TEMPLATE

Name _____ Role _____ Date _____

* Required

Site *

Date received *

The complaint *

Areas *

- [ ] Kitchen
- [ ] Bathrooms
- [ ] Floors
- [ ] Desks and surfaces
- [ ] Bins
- [ ] Windows and glass
- [ ] Other

Re-clean date *

Done by *

Is the client satisfied? *

- [ ] Yes
- [ ] No

Photos after the re-clean

Attach: Photos after the re-clean (JPEG or PNG)

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____