[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Customer Issue Escalation Form

Use this form when an issue cannot be resolved at the first point of contact. Complete it fully before passing the case on, so the receiving team does not have to ask the customer to repeat themselves.

Severity guide

Choose the severity before escalating. If in doubt, choose the higher severity and explain why in the reason for escalation.

Severity	Meaning	First response target
Critical	The customer cannot use the product or service at all, or there is a safety, legal, or serious financial risk.	[First response target for critical issues]
High	A major part of the product or service is unusable, or many customers are affected.	[First response target for high severity issues]
Medium	The product or service works, but with a significant limitation or workaround.	[First response target for medium severity issues]
Low	A minor problem, a general question, or a suggestion, with no immediate effect on use.	[First response target for low severity issues]

Case details

Case reference	[Case reference number]
Date escalated	[Date this case was escalated]
Customer name	[Customer full name]
Customer contact details	[Customer contact details]
Order or account reference	[Order or account reference number]
Escalated by	[Full name and job title of the person escalating this case]
Escalated to	[Full name and job title or team name receiving this case]
Severity	[Severity level for this case]
Priority	[Priority level for this case]

Issue description

Describe the issue in the customer's own words first, then add the facts the receiving team needs.

What the customer reported:

_____

_____

_____

What was expected to happen:

_____

_____

What actually happened:

_____

_____

[Company name]

Impact

Who is affected	[Description of who is affected by this issue]
Since when	[Date and time the issue started]
Other customers affected	[Whether other customers are affected, and how many]
Financial or service effect	[Financial or service effect of this issue]

Steps already taken

List every step tried so far, including steps that did not work. Add rows for further steps.

Step tried	Date and time	Result

Reason for escalation and response needed

Reason for escalation	[Reason this case is being escalated]
Response needed by	[Date and time a response is needed by]
What the customer has been told	[What the customer has been told about the next steps]
Attachments included	[List of attachments included with this form]

For the receiving team

Received by	[Full name and job title of the person who received this case]
Date and time received	[Date and time this case was received]
Action planned	[Action planned by the receiving team]
Resolution	[Resolution of this case]
Customer informed on	[Date the customer was informed of the resolution]
Closed by	[Full name and job title of the person who closed this case]
Date closed	[Date this case was closed]