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Car Wash Incident Report

In the attempt to provide better service to our car wash customers and to gain a better understanding first hand from the employee that took the complaint, please provide the following information :

Date _____

Employee Name _____

Approximate Time Incident Occurred _____ AM ___ PM ___

To the best of your knowledge is this the first time this has happened? Yes ___ No ___

In Brief Describe What Happened _____

If applicable, has the attempt been made to reset the car wash? Yes ___ No ___

Is the car wash operating at this time? Yes ___ No ___

This report is intended to be a tool to gain a better understanding of what occurred and establish if it appears there is a problem or if it was a case of customer error. It is not necessary that we receive a copy of this report, but we will require the answers to the questions listed above before proceeding.