



CUSTOMER COMPLAINT FORM

1. The Customer (Complainant) details

Title (Mr/Mrs/Dr./Prof/Hon/Past)	Surname	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Postal Address	Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Numbers	E-mail Address	
<input type="text"/>	<input type="text"/>	

2. Details of other party or parties involved in this complaint (if known)

Title	Gender	Surname	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Postal Address	Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. Details and nature of the Customer's complaint(s).

For Official use only

Complaint received by	Date received	Method of complaint
<input type="text"/>	<input type="text"/>	<input type="text"/>

Form forwarded to

Action(s) taken by the Officers in-charge

Date action completion	Officer in charge	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

NB. The method of complaint can be In person Mail E-mail Telephone

Form received and filed by (Customer Service Manager on)

W