



Customer Complaint Form

Please Note:
In order for us to address your complaint we request the following information.

Date (dd/mm/yy): _____

PERSONAL DATA

Surname:	First Name:	Middle Initial:
Title: Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/>	E-mail Address:	Account Holder Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Company (if Applicable)

Current Home/Company Address:

Mailing Address (if different from above):

Tax Registration Number (TRN)/Other:	Telephone No. Home: _____ Cell: _____ Other _____ Preferred Time: _____	Preferred mode of receiving written communication E-mail <input type="checkbox"/> Post <input type="checkbox"/> Fax <input type="checkbox"/>
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Is this the first time this Incident/issue is being reported? Yes No Customer Signature: _____

Employee Receiving Complaint: _____ Department: _____ Date: _____ Time: _____

NATURE OF COMPLAINT

Employee Investigating Complaint: _____ Department: _____ Date Recived: _____ Time _____

RESULTS OF INVESTIGATION

ACTION TAKEN

Date complainant contacted with the results of the investigation and action taken: (dd/mm/yy) _____ Date complaint closed: (dd/mm/yy) _____

Signed: J DžGUYg/ 7`YbhGYfj JWg Date: _____ Complaint number: ____/____/____