



FORM no.



CUSTOMER COMPLAINT FORM

Name: _____

Address: _____

Contact no. _____

Agency/Organisation:

☐☐☐☐☐

Other: _____

Account no. _____

Details of Complaint: _____

Has Complaint been
Lodged with Agency?

YES

☐

NO

☐

Date Lodged
(if available)

FOR OFFICIAL USE ONLY

Date Received: _____ Officer Receiving: _____

Category of Complaint: _____

Action Taken: _____

Date Forwarded to Agency: _____

Comments: _____

Outcome: _____

Date Resolved: ____/____/____