



Tushirikiane Tuendelee

CUSTOMER COMPLAIN FORM

TO BE FILLED IN BY THE CUSTOMER

DATE

CUSTOMER NAME.....

MEMBER NO.....

ID NUMBER.....

PHONE NUMBER.....

COMPLAIN:.....

.....

.....

.....

.....

COMPLAIN REPORTED TO:.....

CUSTOMER SIGNATURE : TIME:.....

For Official Use Only

ACTION

TAKEN.....

.....

TIME TAKEN.....

NAME OF STAFF HANDLING THE COMPLAIN.....

SIGNATURE DATE.....