



COMPLAINTS REGISTER FORM

1. CUSTOMER/CLIENT DETAILS

a) Name:

.....

b) Address:

.....

c) Telephone/Mobile No.:

.....

d) Email Address:

.....

e) Department:

.....

2. DETAILS OF THE COMPLAINT

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.....
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RECEIVED BY:

..... DATE:.....SIGN:.....

3. ACTION TAKEN

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.....
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4. **DATE:**

SIGN: