

COMPLAINT SUBMISSION FORM

Customer information			
Customer name		Customer Contact Number	
		Residence Number	Mobile Number
Customer Address		E-mail address	
Customer N.I.C.		Account Details	
		Account Number	Account Type
Customer Complaint			
Complaint date			
Complaint Description			
Customer Signature			
Official use only			
Complaint received by:			Complaint received date
Name of the Employee	Branch / Department		
Complaint reference Number			Priority:
(Branch/Dep code, year & serial Number)			
Complaint referred to HOD Operations			Remarks:
Date:	Signature:		