CUSTOMER COMPLAINT ROUTING FORM

Feedback Ref. No:

Issuing Officer		Issuing Date	
		Due Date To Return Form	
Routed To		Officer in Charge	

KINDLY ENSURE THAT THIS FORM IS RETURNED TO THE CORPORATE COMMUNICATIONS DIVISION / UNIT WITHIN 7 WORKING DAYS FROM ISSUING DATE OF THIS FORM. THANK YOU

Nature of Complaint (s): Received from via Category : Issue :	Date of Complaint Received:
Validity of Complaint : YES ☐ NO ☐	
Investigation / Explanation / Actions Taken	

Signature		Name		Date	

Received by Corporate Communications Division / Unit				
Signature		Name		Date
(To be completed by QMR/DQMR/Sector Head) Validity For CAR : YES ☐ CAR Ref. No. _____ ☐ NO				
Signature		Name		Date