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 COMMUNICATION UNIT WITHIN 7 WORKING DAYS FROM ISSUING DATE OF THIS FORM.
THANK YOU.

Nature of Complaint (s)	:					
Date Received	:					
Received via	:					
Category	:					
Issue	:					
Validity of Complaint	:	YES		NO		

Investigation / Explanation / Actions Taken

Signature	Name	Date

Received by Corporate Communications and Registry Unit

Signature	Name	Date

To be Completed by DQMR/Regional Manager

Validity for Car: YES		CAR Ref. No.: _____ NO		

Signature	Name	Date