

CUSTOMER COMPLAINT FORM

COMPLAINANT DETAILS

Complainant Name : <input style="width: 90%;" type="text"/>	Surname : <input style="width: 90%;" type="text"/>
ID: <input style="width: 90%;" type="text"/>	Contact No : <input style="width: 90%;" type="text"/>
Receiving Admin : <input style="width: 90%;" type="text"/>	Date Complaint Submitted : <input style="width: 90%;" type="text"/>
Policy No : <input style="width: 90%;" type="text"/>	Email Address: <input style="width: 90%;" type="text"/>

COMPLAINT DETAILS

NOTE

- Your complaint will be investigated and be resolved within six (6) weeks
- Attach all documents which might be of use during investigations of your complaint

Complainant Signature :

Date: