

COMPLAINT FORM

MOBILE: _____
EMAIL: _____

WATER COMPANY: _____
P.O.BOX: _____

PLEASE FILL ALL RESPONSES WHERE APPLICABLE IN CAPITAL LETTERS AND TICK IN THE APPLICABLE BOX

COMPLAINT DETAILS

Last Name/Company

Customer ID

Complaint received date

Tel.No. (office/Home):

Tel.No. (Mobile):

E-mail address:

Sub-location

Street

House no.

Description of complaint

Desired action (What the customer would like)

Customer signature

Received by

Name _____

Signature _____