COMPLAINTS FORM

DETAILS OF COMPLAINT

Provide following details:

Name of person making complaint: _____

Contact details of person making complaint:_____

Date of complaint: _____

Details of complaint:_____

_____

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ElectroGroup staff member receiving complaint: _____

RECOMMENDATIONS:

_____

_____

_____

ACTION TAKEN

_____

_____

_____

Date Finalised: ___/___/201__

Manager Name: _____

Manager Signature: _____