



**CUSTOMER CARE COMPLAINTS FORM**

**A. Personal Details**

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

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\_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

**B. Complaint Against**

Organization: \_\_\_\_\_

Person: \_\_\_\_\_

Designation: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Work Tel: \_\_\_\_\_

Work Fax: \_\_\_\_\_

