



CUSTOMER FEEDBACK FORM
(Suggestions, Compliments or Complaints)

CUSTOMER DETAILS	
Surname	
Given Name/s	
Account Number/s	
Call ID	
Address	
Telephone Number (Home)	
Telephone Number (Work)	
Facsimile Number	
Email Address	
PLEASE PROVIDE THE DETAILS OF YOUR FEEDBACK ON THE ATTACHED PAGE. FEEL FREE TO ADD ADDITIONAL PAGES IF REQUIRED. ALL ATTACHMENTS SHOULD BE LISTED BELOW	
DETAILS OF ATTACHMENTS	
1.	
2.	
3.	
4.	
5.	
6.	

Customer Signature: _____
Date: _____

