GUYANA NATIONAL BUREAU OF STANDARDS

CUSTOMER COMPLAINT FORM

Customer details

Title Mr., Ms., Dr

Surname

Given names

Address

Region

Contact number

Details of customer complaint

Official use only

Technical ☐ Non-Technical ☐

Complaint received by

Date received

Time

In person

In writing ☐

Telephone ☐

Other (specify) ☐

Recommendation by Executive Director

Date

Signature

Action taken or required

Date action completed

Signature

Outcome

Feedback to Complainant

Date

Signature

Closure of Complaint by Executive Director

Date

Signature