



EASTERN WATER AND SEWERAGE COMPANY LIMITED

CUSTOMER COMPLAINT FORM

NO. ....

MODE [ 1 ] [ 2 ] [ 3 ] [ 4 ]

Mode: 1. = PERSONAL 2. = TELEPHONE
3. = LETTER 4. = OTHERS

1. CUSTOMER PERSONAL DATA (please fill in block letters)

Account Number: .....

Name of Customer: .....

Address of Premises/Plot No.: .....

Street Name: .....

Location: .....

Postal/ Business Address: .....

E-Mail: ..... Tel/ Mobile No. ....

Complaint/ Query: .....

Date: ..... Time: .....

Signature of Customer: .....

Name of Commercial Assistant: ..... Signature: .....

2. FOR OFFICIAL USE ONLY

This complaint/ query has been passed on to (tick the appropriate box):

Table with 6 columns: BILLING, C. CONTROL, NETWORK, METERING, SEWERAGE, OTHER

ACTION TAKEN: .....

Name of Officer: ..... Signature: ..... Date: .....

Signature Customer: ..... Date: .....

CHECKED BY DISTRICT MANAGER:

Name: ..... Signature: ..... Date: .....

PLEASE RETURN THIS COPY IMMEDIATELY AFTER ACTION TO CA/ CRA