



EASTERN WATER AND SEWERAGE COMPANY LIMITED

CUSTOMER COMPLAINT FORM

NO. ....

<b>MODE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
-------------	----------	----------	----------	----------

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):

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**