



MINISTRY OF ECONOMIC
GROWTH AND JOB CREATION

CUSTOMER SERVICE COMPLAINT FORM

Date:	<input type="text"/>	Division/Unit Visited:	<input type="text"/>
Customer Name:	<input type="text"/>	Customer Contact:	<input type="text"/>
Customer Email:	<input type="text"/>		

Complainant

Your Title: MR. MS. MRS.

Surname

Given name(s)

Location (Division /Branch/Unit)

Contact Number

Signature of complainant

Types and Basis of Complaint

Long wait /
service delivery delayed ☐

More than 3 call transfers ☐

Wrong information ☐

Call disconnected
prematurely ☐

Wrong service/ product ☐

Refusal of service ☐

Rude staff member ☐

Uninformed Staff ☐

Poor Service ☐

Repeat complaint ☐

Promise /
deadline not fulfilled ☐

(Responses should be no more than: Three (3) rings for the telephone 24 hours for emails; 20 minutes waiting in line).

Please provide details for complaint:

Details of the other person(s) involved in this complaint

Name

Location of Employee

Employee Complain Contact

OFFICIAL USE ONLY

Complaint received by

Date received

Action taken or required

In person ☐

In writing ☐

Date action completed

Signature



Ministry of Economic Growth and Job Creation

Customer Feedback Form

Title (Mr./Ms./Mrs.)

Surname

Given Name

Mobile Number

Email

This feedback is a: Suggestion ☐

Compliment ☐

Details of Employee receiving the Feedback/compliment:

Name of Employee

Division/Branch/Unit

Location & Floor

Instructions: Kindly update your feedback on the following factors using the rating scale option.

	Terrible	Poor	Average	Good	Excellent
					
Professionalism of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State of Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Delivery Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Customer Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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