



CUSTOMER COMPLAINTS FORM

Date:

A. Customer's Information

Name: I.D Number: Address:	Telephone: Email:
If complaining on behalf of other person(s) Name: Relation: Telephone: Email:	

B. Complaint Details

Channel used to log complaint

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|-----------|--------------------------------|--------------|
| In Person | Telephone | Email |
| Letter | Suggestion box/ Feed back form | Social Media |

Brief Description of the Complaint/Issue

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Supporting documents/Details provided:

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Last contact with KETRACO	Officer spoken to	Complaint received by	Date

C. Complaints Classification

Complaint Validation

If No (Matter outside Ketraco' s jurisdiction/ invalid complaint)

Action taken

If Yes

- o Appertains to Ketraco Business
- o Appertains to Ketraco staff in the line of duty
- o Matter not in court

Complaints Classification

Department/Area complaint concerns

Severity of complaint

Minor

Major

Medium

Action taken:

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Corrective Action:

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Complaint closed out date:

Signature:

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