



Unit:	Publication Date:	Prepared By:
Document ID: JSEZA-BPSS-BA-	Last Revision Date: N/A	Reviewed By:
Page 1 of 1	Revision No.: 0	Approved By:

Date:	Received By:	Complaint Tracking #:
Type of Complaint: Health & Safety <input type="checkbox"/>	Service Quality <input type="checkbox"/>	Other <input type="checkbox"/>

Complainant Details

Complainant Name:	Tel:	
	Office:	
	Cell:	
	Fax:	

Address:

Complaint Details

(This area is currently blank for complaint details.)

Checklist

Activities to be performed	Date when activities are completed and signed
▪ Acknowledge Complaint
▪ Initial Assessment
▪ Investigate Complaint
▪ Response to complaint
▪ Communication of decision to customer
▪ Close complaint

Is the complainant satisfied with the resolution? Yes [--] No [--] If no, state the action taken.

Reviewed by: _____