Date of Complaint: ….../…../…………….

Complaint Received by:

Name:……………………………………………………Position…………………………………

Complaint made via: 🞏 Telephone

 🞏 Text

 🞏 In person

 🞏 E-mail

 🞏 Website

 🞏 Complaint Box

Subject of Complaint

………………………………………………………………………………………………………

Name of Complainant:

..…………………………………………………………………………………………………

Address: ………………………………………………………………………………………………

Phone number (Optional): …………………………………………….

Detail of Complaint:

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Comments: ………………………………………………………………………………………………………

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Action to be Taken: ………………………………………………………………………………………………………

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Outcome: ………………………………………………………………………………………………………

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Signed by: (GRM Focal Point)

 Date: ……/…………/…………