



GUYANA NATIONAL BUREAU OF STANDARDS

CUSTOMER COMPLAINT FORM

Customer details

Title Mr., Ms., Dr

Surname

Given names

Street Address

City

Country

Home telephone number

Business telephone number

Mobile telephone number

Technical

Non-Technical

Details of customer complaint

Official use only

Complaint received by

Date received

Time

In person

In writing

Action taken or required

Telephone

Date action completed

Signature

Follow up action if required