# Ministry of Economic Growth and Infrastructure Development

Division/Unit Visited:

Date:

Customer Name:

Contact number:

Email:

**1.Complainant**

Your Title

(Mr, Mrs, etc.) Family name (surname) Given name(s)

Location (Division /Branch/Unit)

Home number Business number Mobile number

Signature of complainant

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

**Name**

**Location of Employee**

**Contact information of Employee**

**3. 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:**

**4. Office use only**

Complaint received by Date received In person ☐ In writing ☐

Action taken or required

Date action completed Signature