

## QUERIES/COMPLAINTS PROFORMA



For official use only

Case/Complaints No \_\_\_\_\_

Date \_\_\_\_\_

TSC NO:	Name:	Department:
	Institution:	District:
Postal address:	Telephone:	E-Mail address:
	Mobile:	
Nature of complaint		
Period of problem	From:	Service area (Action section):
	To:	

### PART I: BRIEF ANALYSIS OF THE COMPLAINT

Nature and details of complaint/s (including, documents, offices, dates and any staff member/s spoken to or seen where applicable)

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Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART II: ACTION SECTION

Please briefly comment on the above complaint and take corrective actions to resolve it

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Name \_\_\_\_\_ Designation \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART III: COMMENTS/ACTION OF CORPORATE COMMUNICATION OFFICER

Please briefly comment on the above complaint and take corrective actions to resolve it

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Name \_\_\_\_\_ Designation \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_