



CUSTOMER COMPLAINT FORM

CUSTOMER DETAILS

BUSINESS NAME: _____

COMPLAINT MADE BY: _____

MOBILE NO.: _____ EMAIL ADDRESS: _____

DETAILS OF THE GOODS/ SERVICES PURCHASED

DATE OF PURCHASE/ DELIVERY: _____ PRODUCT: _____

BATCH NO. & BATCH SIZE: _____ SAMPLE PRODUCT: _____ SAMPLE SIZE: _____

DETAILS OF CUSTOMER COMPLAINT:

RESULT OF INVESTIGATION:

NAME, SIGNATURE & COMPANY STAMP:

OFFICE USE ONLY:

COMPLAINT RECEIVED BY: _____

ACTION TAKEN/ REQUIRED:

DATE ACTION COMPLETED: _____

NAME & SIGNATURE: _____

P.O. Box 78175 NAIROBI 00507
W: +254 20 2175592 +254 20 3556849
M: +254 724 583 333 / +254 736 583 333
e: info@soilex.co.ke w: www.soilex.co.ke