



CHAI SACCO SOCIETY LTD
KTDA Plaza, 4th Floor
P.O. Box 278 - 00200 Nairobi

CUSTOMER COMPLAINT FORM

Customer Information

Name: _____ Address: _____

Telephone/Fax: _____

Business name: _____ Address: _____

Email: _____

Complaint Information

Complaint Date: _____

Complaint details

.....
.....
.....

References/copies of supporting documents

- 1.
- 2.

Complainant's recommendations

.....
.....
.....

Signature of complainant:

(For official use only)

Taken by:

Corrective action

.....
.....
.....
.....

Date of corrective action:

Follow-up where applicable

.....
.....
.....

Acting officer(s):

- 1.
- 2.
- 3.

Sign: _____

Date: _____

Approved by: _____

Date: _____