

CUSTOMER COMPLAINT FORM

Name of the Client: _____

Account Number: _____

E-mail: _____ @ _____ Telephone Number/FAX: _____

Postal Address: _____

I wish to receive a reply to the stated by me:

e-mail

postal address

fax

Nature of complaint (Please provide full details):

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Date: _____

Signature: _____

To be completed by an employee of DELTASTOCK

Complaint received on _____ by _____
(date) (Name and signature of the employee)

Reply sent on _____ by _____
(date) (Name and signature of the employee)