



CUSTOMER COMPLAINT FORM

PART A – CUSTOMER COMPLAINT REPORTING

(To be completed by Customer)

In the (unlikely) event you are unhappy with our service, we at NWNS want to do everything that's in our power and possibilities to make you back happy. For this reason, NWNS welcomes your complaint and we hope you will give us the opportunity to rectify the situation. But we would like to receive your complaint in writing.

NWNS suggest to using this complaint form. Alternatively, you are free to put your complaint in any letter format as well. At any time please remember the following:

1. NWNS encourages you trying to resolve the dispute with the company or individual before filing an official complaint with NWNS;
2. Please state your complaint clearly and concisely. Please enclose copies of all relevant documents;
3. Please be accurate and fair in your comments. Remember, you are responsible for what you write;
4. Please understand that in order to resolve your complaint NWNS may send a copy of your letter to the person or organization you are complaining about;
5. Your complaints and comments may be reviewed by attorneys;

PLEASE PROVIDE NWNS YOUR CONTACT DETAILS:

Name:	
Position:	
Company:	
Daytime phone:	
Email:	



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PLEASE PROVIDE NWNS THE SITE DETAILS THE COMPLAINT REFERS TO:

Site location:	
Organization name:	

***If applicable*, PLEASE PROVIDE DETAILS OF THE PERSON WHO INITIATED THE COMPLAINT AND WHO IS NOT HAPPY WITH THE SERVICES PROVIDED BY - OR ON BEHALF OF NWNS:**

Name:	
Position:	
Daytime phone:	
Email:	

TO HELP NWNS DEALING WITH YOUR COMPLAINT EFFICIENTLY, PLEASE PROVIDE NWNS WITH THE FOLLOWING CRITICAL INFORMATION:

	Day	Month	Year
When did the (poor) service or incident that you're complaining about take place?			
When it was realized that there might be a problem or issue?			
<i>If applicable</i> , when the complaint was passed on to you by your Customer?			
When did you first make the NWNS organization aware that there might be a problem or issue?			



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Has the individual or field service organization you are complaining about been made aware of your complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	Day	Month	Year
When the individual or field service organization has been informed about your dissatisfaction of the delivered services?			

PLEASE SELECT THE OPTION THAT BEST RELATES TO YOUR COMPLAINT:

<input type="checkbox"/>	NWNS Representative's general behavior.
<input type="checkbox"/>	NWNS Representative's skills and knowledge.
<input type="checkbox"/>	NWNS Representative's time management.
<input type="checkbox"/>	Other.

PLEASE PROVIDE DETAILS OF THE FIELD SERVICE ORGANIZATION OR INDIVIDUAL YOU DEALT WITH AND YOU BELIEVE IS THE REASON FOR THE COMPLAINT:

Name:	
Position:	
Company:	
Country:	



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PLEASE DESCRIBE IN FULL THE NATURE OF COMPLAINT AND PROVIDE ANY SUPPORTING DOCUMENTS:

WHAT DO YOU EXPECT NWNS OR THE FIELD SERVICE ORGANIZATION OR THE INDIVIDUAL YOU'RE COMPLAINING ABOUT TO DO, TO PUT THINGS RIGHT FOR YOU?



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PLEASE PROVIDE ANY OTHER DETAIL YOU BELIEVE RELEVANT AND WILL HELP NWNS BETTER UNDERSTANDING YOUR COMPLAINT:

Please submit this complaint form to NWNS

Customer Service and Operations Manager:

Mr. Praful Prajapati – Email: praful@nwns.org



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PART B – NWNS COMPLAINT HANDLING

(For NWNS internal use only)

Complaint ticket number (NWNS):	
Complaint ticket number (Customer):	

Date complaint passed to NWNS by Customer:	
Date of review of incident by NWNS and Customer:	
Date for resolution of incident: (Complaint ticket closing)	

Name of Customer's CSM responsible for resolution:	
Name of NWNS CSM responsible for resolution:	



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	ACTION TAKEN:	Date performed
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



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CONCLUSIONS

LESSONS LEARNED: