



**GUYANA NATIONAL BUREAU OF STANDARDS**

**CUSTOMER COMPLAINT FORM**

**Customer details**

Title Mr., Ms., Dr

Surname

Given names

Street Address

City

Country

Home telephone number

Business telephone number

Mobile telephone number

Technical

Non-Technical

**Details of customer complaint**

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**Official use only**

Complaint received by

Date received

Time

In person

In writing

Action taken or required

Telephone

Date action completed

Signature

Follow up action if required