Lake Victoria south water services board

In pursuit of quality access

LVSWSB COMPLAINT HANDLING FORM

DATE

WRITTEN ☐ VERBAL ☐ E-MAIL ☐ SIGN LANGUAGE ☐

BASIC INFORMATION OF COMPLAINT

Company / Individual name……

Tel No Address

Email Address County

Nature of business / contact with LVSWSB……

NATURE OF COMPLAINT

Date of consumer experience YY/M/DD

Complaint

……

……

COMPLAINT RECEIVED BY:

Name…… Department……Sign

Details of action to be taken

……

……

Complaints resolved by:

Name ……Date……Sign

Status

RESOLVED ☐ PENDING ☐