

Customer Complaint Form

Complainant Name: -----

Complainant Address: -----

Complainant Contact Number: -----

Date of Incident: -----

Driver or Employees Name: -----

Location of Incident: -----

Complaint:-----

Complainant's signature: -----

Date complaint submitted to T.K. Kabs: -----

If this form hasn't got enough space for your complaint please use additional forms provided

T.K. Kabs will endeavour to handle your complaint as quickly as possible

Complaint No: 001