



**BOTSWANA BUREAU of STANDARDS  
Customer Complaints Record**

**BD/GP/P02/F01**

**Issue No: 01**

**Receipt of complaint (To be completed by officer receiving complaint)**

**Received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Received via (please Tick)**

Phone  Fax  Post  E-mail  Visit  Other  Specify \_\_\_\_\_

**Details of the complainant**

Customer name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Phone: \_\_\_\_\_

Postal address: \_\_\_\_\_

Fax: \_\_\_\_\_

City/Town/Village: \_\_\_\_\_

E-mail: \_\_\_\_\_

Country: \_\_\_\_\_

**Details of complaint**

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