



**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

