



**BOTSWANA BUREAU OF STANDARDS
Customer Complaints Form**

DMD/GP/P03/F01

Issue No: 02

For Departmental Secretaries' use only

Complaint reference number:

Date logged:

Date resolved

Part A :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: _____

Description of complaint

Part B: Registration of complaint (To be completed by Marketing and Communications Unit)

Category number of complaint/problem

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Function related to the complaint

Standards

Information Centre Services	<input type="checkbox"/>
Scientific Standards	<input type="checkbox"/>
Engineering Standards	<input type="checkbox"/>
Technical Editing	<input type="checkbox"/>

Regulatory Compliance

Compulsory Standards	<input type="checkbox"/>
Trade Metrology	<input type="checkbox"/>

Commercial Enterprises

Certification	<input type="checkbox"/>
Industrial Metrology	<input type="checkbox"/>
Testing	<input type="checkbox"/>
Training	<input type="checkbox"/>



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Corporate services

Human Resources

Facilities & Administration

Finance

Information Comm. Tech.

Business Development

Quality Office

Public Relations

Marketing

Marketing & Communications

Francistown Branch

Managing Director's Office

Internal Auditor

Part C: Action on the complaint & closure (To be completed by MD/DMD/HoD)

Evaluate consequence and likelihood of the actual and potential effects of the complaint on scale 1-5

Consequence

Likelihood

Brief description of remedial action:

Assigned officer: _____ **Designation:** _____

Name Signature Date

Part D: Action on the complaint (To be completed by assigned officer)

Results of root cause analysis:

Brief description of the action taken: _____

Results

Name Signature Date

Part E: Assessment and closure (To be completed by MD/DMD/HoD)

Comments: _____



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Name

Signature

Date

Part F: Verification (To be completed by Marketing and Communications Unit)

Comments:

Date feedback sent to the complainant:

Name

Signature

Date