



COMPLAINT FORM

Any person who wishes to present a complaint to NETFUND regarding any practice by a service provider is strongly advised to fill in this form in addition to forwarding any complaint letter/document(s). By filling this form you confirm that the information provided is factual and a true representation of information regarding your case.

Complete this form in full and send its original copy to the CEO on the above address. Information provided on this form is confidential and will only be used by NETFUND in an authorized manner. NETFUND may pass on the details of your complaints to other government agencies who investigate customer complaints.

(i) Complainant's details Full

Names.....

Address P.O. BOX.....Postcode.....

City/Town.....

Telephone..... Mobile.....

Fax.....

Email.....

Organization (if applicable).....

2. Is there a representative making this Complaint on behalf of the Complainant?

Yes (If yes provide the Name and contact information of the Representative, if not leave blank).....

(ii) Complaint details (Please indicate details of the service provider you are complaining about)

Full Name of Staff or Department.....

3. Type of complaint (Please tick the category that best describes your complaint)

- Lack of professionalism
- Poor quality of service
- Faulty Telephone lines
- Late payment
- False and misleading advertisements
- Intrusion of privacy
- Health and safety
- Poor Customer service
- Other (please specify).....

4. Have you lodged a complaint before to NETFUND?

Yes

No

4. If yes, what was the outcome of the complaint?

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5. Nature/Facts of the Complaint (Briefly narrate the complaint or alleged practice by the staff/department indicating all the particulars of **WHAT** happened, **WHERE** it happened, **WHEN** it happened and by **WHOM**)

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6. Have you exhausted the complaints mechanism provided by the Accused person/department? Yes No

Note: Please attach all relevant document (s) to support your complaint (s).