



Client Feedback Form

Please tick as applicable

Complaint Service Request Enquiry Feedback Compliment

Branch: _____

Date: _____ / _____ / _____

Customer Name: _____

Account Number: _____

Level of Education: Tertiary Secondary Basic Non-Formal No Education

Gender : Male Female

Customer Contact Details (Please tick preferred method for follow-up)

Phone No: (1) _____ (2) _____

E-mail Address: _____

Complete below for Non- Clients:

ID Number: _____

Date of Birth: _____

DD / MM / YYYY

Details of Issue: _____

Expected Outcome of Complaint:

List all Supporting Documents attached:

Customer Signature: _____

For official Use Only

Mode of Communication (Please Tick One)

In Person

Telephone

Letter

Email

Social Media

Copy of ID taken for Non- Client/ Old account holders: Yes No

CEMS Complaint Number: _____

Date Resolved: ____/____/____ **Staff Name:** _____ **Staff Signature:** _____