

COMPLAINT FORM

1. Name of Complainant: _____
2. Address: _____
3. A. Telephone No. _____ b. Email: _____
C. Fax No. _____

4. Details of complaint (Please give details of Management System of the organization against which the complaint is being

sent): _____

5. _____
6. Documentary evidence in Support of the complaint (attach)
 - i. _____
 - ii. _____
 - iii. _____

7. Declaration:

I certify that the details furnished above are true to the best of my knowledge. I agree to abide by the decision of NBSM in dealing with my above complaint.

(Signature of the complaint)

Name:

Date:

Place: