



COMPLAINT FORM

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Navrae:
Dipotso: Mr. M January
Enquiries:

Complaint/Compliment:
Klag/Kompliment:
Ngôngôrêgô/Kakgolô:

Complainant/Klagster/Mongongoregi
Details/Besonderhede/Dintlha

Name/Naam/Leina: _____

Date: _____

Tel: (053) _____

Cell: _____

OFFICE USE ONLY

Received By: _____ Signature: _____ Date: _____

Received by Supervisor: _____ Signature: _____ Date: _____

COMMENTS BY SUPERVISOR/KOMMENTAAR DEUR TOESIGHOUER:
