

**COMPLAINT FORM**

**FILL THIS FORM CORRECTLY AND RETURN IT TO DACP COMPLAINTS BOX/OFFICE**

Your full names \_\_\_\_\_

Your contacts: Address \_\_\_\_\_

Tel: \_\_\_\_\_

Email \_\_\_\_\_

State clearly and in brief the nature of your complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please use additional paper if need be)*

What is the service(s)/airline you are complaining about? \_\_\_\_\_

\_\_\_\_\_

Which Airline/department offers the service? \_\_\_\_\_

Whom did you deal with? \_\_\_\_\_

\_\_\_\_\_

Did you obtain a ticket/receipt? Yes/No.

If yes ticket/receipt no. \_\_\_\_\_

What other details are contained in the ticket/receipt? \_\_\_\_\_

Did you receive any document i.e. a confirmation letter or certificate, etc? \_\_\_\_\_

\_\_\_\_\_

Have you complained directly to the person offering you the service? \_\_\_\_\_

If so, what was the response? \_\_\_\_\_

If so, when Date \_\_\_\_\_

Date of the complaint: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

COMPLAINT NO. \_\_\_\_\_ OFFICER IN CHARGE \_\_\_\_\_

DATE OF COMPLAINT \_\_\_\_\_ ACTION PREFERRED: \_\_\_\_\_

\_\_\_\_\_

CASE SETTLED ON \_\_\_\_\_