**Feedback on Complaint Handling**

|  |  |
| --- | --- |
| Complaint No.: |  |
| Date |  |
| Customer Name:\* |  |
| CNIC No.: |  |
| Address: |  |
| Email: |  |
| Phone #:\* |  |
| Cell:\* |  |
| Feedback on complaint Resolution/ Processing | Satisfied Unsatisfied |
| Details \* |  |

The Field with \* are compulsory fields.