

## CUSTOMER COMPLAINT / APPEAL FORM

<b>Your Detail</b>			
Complainant Name			
Position			
Company Name			
Address			
Business Type / Scope			
Certificated by TUV Austria (BIC)	Yes ( <input type="checkbox"/> )    No ( <input type="checkbox"/> )		
Telephone / Cell #		E-mail	

<b>Please Tick the following;</b>					
Complaint	<input type="checkbox"/>	Appeal	<input type="checkbox"/>	Withdrawal	<input type="checkbox"/>
Dispute	<input type="checkbox"/>	Suspension	<input type="checkbox"/>	Other	<input type="checkbox"/>

<b>Detail of Complaint:</b>	
-----------------------------	--

<b>Signature</b>	
<b>Date</b>	