



TOTAL

Customer Complaint Form

Please forward the completed form to the HSEQ Manager.
Fax No: 020 248195 Email: 'HSEQ@total.co.ke'

1 COMPLAINT DETAILS (for completion by customer or TOTAL staff receiving complaint)

Name: _____ Organisation (if applicable): _____

Address: _____ Telephone/Fax number: _____

Complaint dated: _____ Date forwarded to TOTAL: _____

Nature of complaint (Tick as appropriate): Product Service Other

Complaint: _____

SECTION 2 & 3 TO BE FILLED BY TOTAL KENYA LIMITED ONLY

2 INVESTIGATION RESULTS & PROPOSED ACTION (for completion by staff handling complaint)

Investigated by: _____ **Date:** _____

3 CLOSING OF COMPLAINT (for completion by Head of Department concerned by complaint)

Complaint satisfactorily completed? YES NO

(Copy(s) of letters/fax/email correspondence to complainant attached)

Time taken to close complaint (in days): _____ Liability (kshs): _____

Signature of HOD confirming completion: _____

Name: _____ Date: _____