

# BWA Standards of Service Customer Complaints Form



## Customer Details

Name:  Mr  Mrs  Ms

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Address:

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Contact Information:

Telephone (H) (W) (C)

Email:-----

## Complaint Details

Customer BWA Account Number:

If applicable state previous complaint date .....

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Signature..... Date .....

**NB** Employee should read the description above to customer in order to ensure that the complaint is correctly represented.

**Complaint Classification**

*Please tick the appropriate box*

Billing	Water Pressure	Meter	Road works	Other	
Installation of New Service	Issuance of First Bill	Response to Complaints	Wrongful Disconnections	Meter Installations	
Repair/Replacement of faulty Meter	Reconnection after payment	Scheduling of Field Appointments	Consistency of Water Supply		

**For Internal Use Only**

Complaint received by	
Date	

**Priority Rating**

*(Priority score is based on potential loss to the business and the possibility of negative publicity)*

Please tick

1	2	3	4	5
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