



Customer Complaint Form for the City of Cape Town Solar Water Heater Programme

Details of receipt of complaint

Date of complaint: _____ Time: _____

Method by which complaint was made: Phone In person Letter Email

Details of the person making the complaint

Name: _____

Address: _____

Phone: _____ Mobile: _____

Details of complaint

Description of event/complaint

Was the Programme Management Unit (PMU) notified: Yes No
If Yes Date: _____ Time: _____

Was the complaint acknowledged by the PMU: Yes No
If Yes Date: _____ Time: _____

Signature of person logging the complaint

Signature: _____ Place: _____ Date: _____