Case 02

Zero Normal Form:

Dept # , Dept name , location , Mgr name , Mgrid no , Tel ext , cust #

Cust name , Date of complaint , Nature of Complaint

First Normal Form:

Depart : Dept # , Dept name , location , Mgr name , Mgrid no , Tel ext

Customer_comp : Dept # , cust #, Cust name , Date of complaint , Nature of Complaint

Second Normal Form:

Depart : Dept # , Dept name , location , Mgr name , Mgrid no , Tel ext

Customer_comp : Dept # , cust #, Cust name , Date of complaint , Nature of Complaint

Customer : cust #, Cust name

Third Normal Form:

Depart : Dept # , Dept name , location , Mgr name , Mgrid no , Tel ext

Customer_comp : Dept # , cust #, Cust name , Date of complaint , Nature of Complaint

Customer : cust #, Cust name

Manager : Mgr name , Mgrid no