



JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

CUSTOMER COMPLIMENT / COMPLAINT FORM

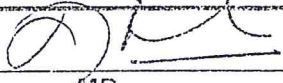
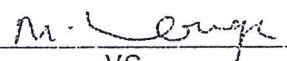
(To be filled in triplicate: 1-Department; 2- MR; 3- VC)

Customers' Information			
Name		Reg. /Pf./ Pass port /ID No.	
Department/ Institution		Address/ Fax No	
Telephone No.		E-mail Address	
Name of Officer Receiving Compliment/Complaint and Dept.		Date	Mode of Reception of the Compliment/ Complaint
Summary of the Compliment / Complaint (to be filled by the customer. If space provided is not adequate please use overleaf)			
Acknowledgement of Reception of Compliment / Complaint by HOD		Root cause	Action
Review by HOD		Objective Evidence/ Comments	
1. Issue fully addressed	Yes	No	
2. Issue partially addressed	Yes	No	
3. Issue forwarded to VC/MR for action/ information	Yes	No	
4. No action taken	Yes	No	

Name of HOD:

Signature:

Date:

PREPARED BY:  MR	APPROVED BY:  VC
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