

JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY

CUSTOMER COMPLIMENT / COMPLAINT FORM

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

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Customers' Information							
Name				Reg. /Pf./ Pass port /ID No.			
Department/ Institution				Address/ Fax No			
				E-mail Address			
Telephone No.				E-IIId	II Address		
Name of Officer Receiving Com and Dept.	omplaint	Date		Mode of Reception of the Compliment/ Complaint			
· ·						- Companie	ity dompionis
Summary of the Compliment / Complaint (to be filled by the customer. If space provided is not adequate please use overleaf)							
Acknowledgement of Reception of			Root cause Action		Action		Date
Compliment / Complaint by HOD			Noor caase		7,52,51		
companient / complaint by 1105			_				
Review by HOD			Objective Evidence/ Comments				
. Issue fully addressed	Yes	No					
• •							
2. Issue partially addressed	Yes	No					
3. Issue forwarded to VC/MR for	Yes	No					
action/ information	Voc	No	ļ				***********
4. No action taken	Yes	No					
	J		1				
Name of HOD:							.,
Signature:			Date:				
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PREPARED BY: APPROVED BY: M. LOWING							
PREPARED BY:	MR		APP	NOVE	JUI	VC	 -
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