

First Normal Form

Department

| | | | | | |
|----------------------------|-----------------|----------|----------|-----------|----------|
| Dept# <u> </u> | Department Name | Location | Mgr Name | Mgr ID No | Tel Extn |
|----------------------------|-----------------|----------|----------|-----------|----------|

Customer

| | | | | |
|----------------------------|---------------------------|-----------|-------------------|---------------------|
| Cust# <u> </u> | Dept <u> </u> | Cust Name | Date of Complaint | Nature of Complaint |
|----------------------------|---------------------------|-----------|-------------------|---------------------|



Second Normal Form

Department

| | | | | | |
|---------------------------|-----------------|----------|----------|-----------|----------|
| Dept <u> </u> | Department Name | Location | Mgr Name | Mgr ID No | Tel Extn |
|---------------------------|-----------------|----------|----------|-----------|----------|

Complaint

| | | | |
|----------------------------|---------------------------|----------------------|------------------------|
| Cust# <u> </u> | Dept <u> </u> | Date of Complaint | Nature of Complaint |
|----------------------------|---------------------------|----------------------|------------------------|

Customer

| | |
|----------------------------|-----------|
| Cust# <u> </u> | Cust Name |
|----------------------------|-----------|



Third Normal Form

Department

| | | | |
|---------------------------|-----------------|--------------------|----------|
| Dept <u> </u> | Department Name | Mgr ID No ----- | Tel Extn |
|---------------------------|-----------------|--------------------|----------|

Manager

| | |
|----------|--------------------------------|
| Mgr Name | Mgr ID No <u> </u> |
|----------|--------------------------------|

Complaint

| | | | |
|-------------------------------------|------------------------------------|-------------------|---------------------|
| Cust# ----- <u> </u> | Dept ----- <u> </u> | Date of Complaint | Nature of Complaint |
|-------------------------------------|------------------------------------|-------------------|---------------------|

Customer

| | |
|----------------------------|-----------|
| Cust# <u> </u> | Cust Name |
|----------------------------|-----------|

