

Customer Complaint Form

Customer Details

Company Name:

Contact Name:

Email:

Address Line 1:

Position:

Address Line 2:

Telephone No:

Address Line 3:

Mobile No:

County:

Date:

Postcode:

Nature of Dissatisfaction

Please tick the box(s) which best describes the nature of your dissatisfaction:

Tariff

Financial Services

Handset

Signal

Cost

Early Termination Fees

Customer Service

Installation

Mis-selling

Hardware

Incorrect Advice

Network

Other (please specify)

Please indicate below the outcome of this complaint you consider to be acceptable:

I confirm that all the information provided is true and correct and that I am duly authorised to sign on behalf of the named above.

Signed

Date