



**Expected Outcome of Complaint:**

**List all Supporting Documents attached:**

**Customer Signature:** \_\_\_\_\_

*For official Use Only*

**Mode of Communication (Please Tick One)**

In Person

Telephone

Letter

Email

Social Media

**Copy of ID taken for Non- Client/ Old account holders: Yes**

**No**

**CEMS Complaint Number:** \_\_\_\_\_

**Date Resolved:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Staff Name:** \_\_\_\_\_ **Staff Signature:** \_\_\_\_\_