**CUSTOMER COMPLAINT FORM**

1. **Name of Complainant: ………………………………………………………………**
2. **Company Name: ………………………………………………………………………**
3. **Address: …………………………………………………………………………………….**
4. **E-mail: ……………………………………………………………………………………...**
5. **Telephone number: ……………………………………………………………………**
6. **Fax number: ……………………………………………………………………………….**
7. **Areas of Complaints:**

* **Finance**
* **Port Operations**
* **Marine Services**
* **Legal & Administrative Services**
* **Human Resources**
* **Port Development**
* **Port Emergency Services**
* **Habour Radio**
* **Port Infrastructure**
* **Estate Management**
* **Concession Contract**
* **Port Licensing**
* **Port Security**
* **Procurement & Supply Section**
* **Access Pass services**
* **Technical Services**
* **Environmental issues**
* **Cruise Facilities**
* **Information Technology Services**
* **Public Relations**
* **Oil Jetty**
* **OTHERS**

**Details of Complaint**

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**Date: ………………………… Signature: …………………………………….**