



CUSTOMER COMPLAINT FORM

Section 1: Complaint Information **(by passenger/customer)*

Date: _____ Ref. No: _____

Name: _____

Phone No.: _____ Email Address: _____

Address: _____

Statement of Complaints: _____

Signature: _____

Section 2: Root Cause **(by person in-charge/officer on duty)*

Name: _____

RP No.: _____

Date: _____

Section 3: Corrective Action **(by respective Department)*

Name: _____

Signature & Stamp: _____

Date: _____

R/P No.: _____

Verification **(by HOD/HOS)*

Verified not satisfactory

Remarks **(if any):*

Verified satisfactory

Review of Effectiveness on Action Taken: **(by Ferry Services)*

Reviewed by: _____

Date: _____

Approved by HOD: _____