



## PEST CONTROL PRODUCTS BOARD

### CUSTOMER COMPLAINTS FOR

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**Date Report**.....

**Mode of Delivery:** *Email or Letter*

Kindly indicate complaint details below:	
Date of occurrence:	
Place of occurrence:	
<b>Nature of complaint:</b>	
Complaints Contact Details (optional)	
Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Organization:	
Contact:	

Thank you!

#### **For Official Use**

Date Received:	
<b>Action Taken:</b>	
Name:	
Signature:	