

# Customer Complaint Form

We strive to provide you with the highest level of service at all times. If this has not been the case, or if we have not handled something to your satisfaction, please detail your concerns below.

## Your details

Title (Mr/Mrs/Ms/Miss)                      First name                      Surname

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Account holder's name (if different from above)

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SIBOWASCO account number (if available)

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Account address

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Preferred contact phone number

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Email address

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I do not wish for SIBOWASCO to contact me regarding any promotional or marketing activities (please tick box)

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## Category

Please tick the box which best reflects the issue:

- Billing and accounts
- Customer transfers - transfer from one retailer to another (e.g. delays)
- Connection
- Disconnection
- Reconnection
- Marketing
- Other matters

## The issue

Please tell us clearly where we failed to meet your expectations. Add extra pages if necessary, and attach copies of relevant documents such as letters, bills, etc.

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### Previous contact

Where possible, please provide names and times of discussions held with SIBOWASCO people:

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### What was the result of your discussions?

Please provide details of the outcome or further course of action:

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### Your expectation

Please indicate what you would like to see happen to resolve your complaint or improve our service in the future:

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Signature

Date

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Thank you for your valuable feedback. Please return this completed form by email to [info@sibowasco.co.ke](mailto:info@sibowasco.co.ke)

We will provide you with a written acknowledgment within 10 working days. In the meantime, should you have any further queries whilst your complaint is being processed, please do not hesitate to contact us on +254 715 500 071

For Official use		
Date received	Acknowledgement	Reply
	Due date	Due date
	Date sent	Date sent
	DMS#	DMS#
	Prepared by	Prepared by

