

CUSTOMER COMPLAINT FORM

All sections as marked * are to be completed prior to lodging form at Council

All personal details remain CONFIDENTIAL

Complaints will be acknowledged within 5 working day
of receipt and a resolution within 15 days

*Name of person making Complaint _____

*Residential Address _____

*Postal Address _____

*Contact Number/s _____ Email _____

COMPLAINT DETAILS

Date of Incident (if relevant) _____ Time _____

Location of Incident _____

Who/What is the subject of your Complaint? _____

Summary of Complaint/Issue _____

WITNESS DETAILS (if applicable)

Name _____

Address _____ Daytime Contact Number _____

COMPLAINT OUTCOME:

As a result of making this complaint, is there any outcome you would like? Yes No If

yes, please provide details _____

**Upon signing this form, I agree that should legal proceedings be required I will
APPEAR IN COURT AS A WITNESS TO GIVE EVIDENCE TO THE TRUTH OF THIS COMPLAINT**

*Complainants name _____
(signature) (date)

Lodge written Complaint:

• By posting to (Raahi MotoCorp, C2/13 Floor Basement, Ashok Vihar Phase 2 New Delhi 110052)

□ Emailing to complaint@raahimotocorp.in

