

**COMPLAINT/INVESTIGATION FORM**

Reference No. \_\_\_\_\_

Date \_\_\_\_\_

CUSTOMER INFORMATION	
Name:	_____
Address:	_____
Contact No.:	_____

Walk in

Phone in

Complaint type (check applicable box)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Defective Meter        | <input type="checkbox"/> Stolen Meter             | <input type="checkbox"/> Elevate Meter     |
| <input type="checkbox"/> High Water Consumption | <input type="checkbox"/> Special Reading          | <input type="checkbox"/> Billing Complaint |
| <input type="checkbox"/> Low pressure/No water  | <input type="checkbox"/> Service line leak repair |  |
| <input type="checkbox"/> Others _____           |   |  |

Received by: \_\_\_\_\_  
Name and signature

Conforme: \_\_\_\_\_  
Name and signature

(To be filled up by SNV)  
FINDINGS/ACTION TAKE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken by: \_\_\_\_\_  
(Name and Signature)

Customer's Copy

Date \_\_\_\_\_

Reference No.: \_\_\_\_\_

Action taken by: \_\_\_\_\_