|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BARTON PETROLEUM LTD - COMPLAINT FORM | | | | | | | | | | |
| Name of Depot |  |  |  |  | |  | |  | |  | |
| Manager or Supervisor |  |  |  |  | |  | |  | |  | |
| Name of Complainant |  |  |  |  | |  | |  | |  | |
| Address: |  |  |  |  | |  | |  | |  | |
| Telephone Number: |  |  |  |  | |  | |  | |  | |
| Mobile Number: |  |  |  |  | |  | |  | |  | |
| Email: |  |  |  |  | |  | |  | |  | |
| Date of Complaint: |  |  |  |  | |  | |  | |  | |
| Describe in detail and accurateley the nature of your complaint: | | | | |  | |  | |  | |
|  |  |  |  |  | |  | |  | |  | |
| Give the name of the person you first reported the complaint to: | | | | |  | |  | |  | |
|  |  |  |  |  | |  | |  | |  | |
| Discribe what actions can be taken in order to deal effectively with your complaint: | | | | | | |  | |  | |
|  |  |  |  |  | |  | |  | |  | |
| Describe what measures can be taken to avoid a repeat of your complaint: | | | | | | |  | |  | |
|  |  |  |  |  | |  | |  | |  | |
| Signiture of Complainant: |  |  |  |  | |  | |  | |  | |
| Date: |  |  |  |  | |  | |  | |  | |
| Complainant recorded by: |  |  |  |  | |  | |  | |  | |
| Date: |  |  |  |  | |  | |  | |  | |