## MINISTRY OF PUBLIC UTILITIES

## **COMPLAINT REPORT**

| ITEMS  | DETAILS |
|--|---------|
| Name   |         |
| Address  |         |
| Telephone No.  |         |
| Agency of Complaint  |         |
| <b>Date of Complaint</b>   |         |
| Nature of Complaint  |         |
| (give specifics e.g. date of incident, time, address, names of persons, positions etc) |         |
|  |         |