

COMPLAINTS PROCEDURE SUPPLEMENT GASUNIE TRANSPORT SERVICES

Form for submitting a complaint against Gasunie Transport Services or (one of) its employees.

Your personal details:

Company name : _____
Surname : _____
Initials : _____
Male/Female* : _____
Address : _____
Post code : _____
Town/city : _____
Daytime phone number : _____
Fax (if applicable) : _____
E-mail : _____

1. I have/have not* had telephone contact with GTS about my complaint. (*Please delete where applicable.)

2. Your complaint

Please give a brief and concise description of your complaint. Please give the place and the date of the event, and, if known, any names of the GTS employee(s) the complaint concerns, or who were involved.

3. What, in your opinion, would be a good solution for your complaint?

4. Have you done something about your complaint? If yes, what have you done?

5. Is there anything else you feel is important for the handling of your complaint?
If yes, please let us know.

Date:

Location:

Name:

Signature: