

Customer Complaint and Feedback Form

To help us improve the quality of our service, please accomplish the **Customer Complaint and Feedback Form** and submit to: customercare@firstmetro.com.ph. Please expect to receive a reply from us within 2 calendar days.

Complainant Contact Details:

Name: _____ Postal Mail Address: _____
 Address: _____
 Phone Number: _____ Fax: _____
 Email: _____ Other Contact Information: _____

Please tick whichever applies:

Complaint

Compliment

Suggestion

Description of the Complaint/Compliment/Suggestion (please attach copies of relevant documents):

Specify the relationship of the complainant with First Metro:

Customer Supplier Others (please state): _____

Specify place or location of the incident/concern _____

Date / time of the incident / concern _____

Range of time of the incident / concern happened _____

Name of the employee / parties concerned (if known) _____

Roles / functions in First Metro of the employee / parties concerned

Printed Name and Signature

Date