



**T M O
GENERAL DIRECTORATE
PRODUCT TECHNOLOGY AND
LABORATORY
BRANCH DIRECTORATE**



CUSTOMER COMPLAINTS

Sayfa No : (1/1)

Date of Complaint: (.....)

Complaint Issue (With your suggestions):
.....
.....
.....
.....
.....

(Name Surname)
(Signature)

Address or fax number:

Complainant's:

Name Surname:

Signature :

Studies and results related to the complaint:.....
.....
.....
.....
.....
.....

Date of evaluation:

Names and signatures of those who work:

Branch manager
(Signature)