

KITUI WATER AND SANITATION CO. LIMITED

P.O Box 341 - 90200 KITUI

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Kyangwithya - Misewani Road Opposite the Governor's Office, 100M off Gate B



CUSTOMER COMPLAIN FORM

CUSTOMER DETAILS	
First Name/Company name:	Other Names:
Connection No:	ID No:
Contact No:	Email Address:

I/We, owner or in representation of the owner of the above contact here-by complain about or request for

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Applicants signature.....Date.....

Complaint acceptedSignature.....Date.....

COMPLAIN DETAILS (to be filled by Customer Care Officer)

Previous reading on bill	Current reading on bill	Customer reading as per Date read

REMARKS.....

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Prepared by.....Signature.....Date.....

Initiated by.....Signature.....Date.....

Approver 1.....Signature..... Date.....

Approver 2.....Signature.....Date.....