

To: Customer Care Centre Sure South Atlantic Ltd PO Box 2

Jamestown St Helena Island

Tel: +290 22900 Email: service@sure.co.sh

COMPLAINTS FORM

COIVII EAIIVIS I OILIVI	
CUSTOMER INFORMATION	
Customer Name	
Customer Address	
Telephone Number/Sure Account No	
Contact Details	
Telephone/Mobile No	
Email Address	
Customer Service Class	Gov Bus Res Dual
COMPLAINT INFORMATION	
Please tell us what product or service you are dissatisfied with:	
Please give an account of the event or tell us what it is you are dissatisified with in relation to that product or service:	
rease give an account of the event of ten as what it is you are assausined with in relation to that product of service.	
How do you think we could improve this product or service; or how we have handled the situation:	
Thank You for completing our Complaints Form; a Customer Services Represer	itative will contact you within 2 working days with a response to this
complaint.	
 If you are not satisfied with the response you have received; you may reque: 	st that your complaint is escalated to our Executive Team for resolution.
and the control of th	A that your companies a countries to our Exceeding realition reconstruction
 If after having been escalated to our Executive Team you are not satisfied with 	th our response; you may progress your complaint via the Chief Magistrate as
stated in our service terms and conditions.	
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Customer Signature Date	J
Customer signature Date	
FOR OFFICE USE ONLY	
Received by Date	
Date	