

COMPLAINT FORM

EXPRESSION OF THE COMPLAINT

1. GENERAL INFORMATION

We suggest that you provide your contacts so that we can inform you of the outcome of your complaint. Thank you!

Name-First name (optional) :
Company name :
Address :
CP/City :
E-mail :
Phone number :

2. COMPLAINT TYPE

The complaint relates to

<i>Service :</i>	
<i>Product :</i>	
<i>Agent :</i>	
<i>Environment :</i>	
<i>Others :</i>	

3. DESCRIPTION OF THE COMPLAINT

Please describe your complaint below.

COMPLAINT TREATMENT (reserved for SAGIM)

4. GENERAL RECEPTION INFORMATION

Date of receipt :			
Reception service :			
Complaint registered by (Surname and First Name):			
Admissibility of the complaint :	Yes		No
<i>If not, reasons:</i>			

5. CORRECTIVE ACTION

Description of the actions implemented:			
Realised by :		Disclosure to the complainant :	
Name- First name		Phone call :	
Function :		E-mail :	
Date :		Letter :	
Signature :		Others :	

CONCLUSION OF THE COMPLAINT

6. FINAL ANSWER

Complainant satisfaction:	Yes :
	No :

If not :

Making an appointment:

Reformulation of the complaint: