



DAR ES SALAAM WATER AND SEWERAGE CORPORATION

GEREZANJ COMPOUND, 2453/188 SOKOINE DRIVE P.O.BOX 5340

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DAR ES SALAAM - TANZANIA

NO.

CUSTOMER CONTACT PROCEDURE (OFFICE DOCUMENT)

NAME: _____

ADDRESS _____

CUSTOMER _____

YES	NO

(tick box)

MEMBER OF PUBLIC _____

YES	NO

(tick box)

TEL. NO. _____

E-MAIL: _____

DATE _____

TIME _____

REF NUMBER _____

METHOD USED TO CONTACT PERSONAL VISIT, TELEPHONE, E-MAIL, FAX, LETTER (please tick)

NATURE OF COMPLAINT LACK OF WATER, BILLING ENQUIRY, LEAKAGE, REQUEST OTHER (please tick)

CUSTOMER SERVICE OFFICER ABLE TO HANDLE PROBLEM _____

YES	NO

(tick box)

IF "NO" CUSTOMER ADVISED THAT EXPERT ADVISER WILL _____

PROVIDE INFORMATION _____

QUERY PASSED TO: PUBLIC RELATIONS, OPERATIONS, COMMERCIAL, ENGINEERING (please tick)

ANSWER PASSED BACK TO CSO SIGNED _____ DATE _____

CUSTOMER ADVISED SIGNED _____ DATE _____

OTHER OBSERVATIONS _____

CONTACT FORM COMPLETED DATED AND FILLED DATE _____