|  |  |  |
| --- | --- | --- |
| Complaint Notification Form – Initial Contact | |  |
| Is your complaint related to a tangible cable product or a service provided by BASEC (delete as required) | CABLE PRODUCT | SERVICE |
| Your Details |  | |
| Full Name and Position |  | |
| Organisation Name |  | |
| Contact Address |  | |
| Telephone Number(s) |  | |
| Email Address |  | |
| Date of Initial Contact with BASEC (if by telephone) |  | |
| Complaint Details |  | |
| Nature of Complaint  (Please give brief details. BASEC will make contact with you if appropriate, to seek more information. If necessary, a follow-up form will be sent, requesting further details.) |  | |
| If this notification relates to cable, have you spoken to the person from whom the cable quantity was purchased? | Yes | No |

Note: Complaints cannot be accepted about cable product, unless it carries a relevant approval Mark.

|  |  |  |
| --- | --- | --- |
| BASEC Internal Use Only | COM | Date Received |