



PARTNER COMPLAINT FORM

DATE	<input type="text"/>
PARTNER NAME	<input type="text"/>
PARTNER CODE	<input type="text"/>
PARTNER LOCATION	<input type="text"/>
CUSTOMER NAME	<input type="text"/>
CELL NUMBER	<input type="text"/>
QUERY TYPE	<input type="text"/>
DATE OF INCIDENT	<input type="text"/>

INCIDENT	<input type="text"/>
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CONSULTANT WHO ASSISTED CLIENT AT THE PARTNER

CONSULTANT AT HEAD OFFICE WHO ASSISTED CUSTOMER

DATE OF RESOLUTION