|  |  |
| --- | --- |
| Complaint Notification Form – Initial Contact |  |
| Is your complaint related to a tangible cable product or a service provided by BCL (delete as required) | [ ]  CABLE PRODUCT | [ ]  SERVICE |
| Your Details |  |
| Full Name and Position | Click or tap here to enter text. |
| Organisation Name  | Click or tap here to enter text. |
| Contact Address | Click or tap here to enter text. |
| Telephone Number(s) | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Date of Initial Contact with BCL (if by telephone) | Click or tap here to enter text. |
| Complaint Details |  |
| Nature of Complaint(Please give brief details. BCL will make contact with you, if appropriate, to seek more information. If necessary, a follow-up form will be sent, requesting further details.) | Click or tap here to enter text. |
| If this notification relates to cable, have you spoken to the person from whom the cable quantity was purchased? | Click or tap here to enter text. |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BCL Internal Use Only | COM  | Click or tap here to enter text. | Date Received | Click or tap here to enter text. |