



*Please address all correspondence  
to the Chief Executive Officer*

**GOVERNMENT OF SAMOA  
MINISTRY FOR PUBLIC ENTERPRISES**

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## CUSTOMER COMPLAINT FORM

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Your views are important to us and will assist us in improving our services to the public. Please do not fill in your name and address in the space provided below unless you would like to receive a response to your complaint. If you provide us with your name and address, they will only be used to enable us to contact you in order to respond to your complaint/or suggestions.

**PLEASE HAND IN THIS FORM TO STAFF OR MAIL TO THE ADDRESS BELOW:**

**CLIENT CONTACT DATA IS STRICTLY CONFIDENTIAL**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date and Time: \_\_\_\_\_

1. Description of Complaint.

2. Do you have any suggestions as to how your complaint should be resolved?

We will respond to your complaint within 3 working days of it being received.  
Your co-operation is appreciated.

If you have any questions regarding the information collected on this form, please contact  
34500 or [info@mpe.gov.ws](mailto:info@mpe.gov.ws) for more information.