

Resident Complaint Form

We strive to always provide you with the highest level of service. If this has not been the case, or if we have not handled something to your satisfaction, please detail your concerns below.

Your Details	
Name:	Address:
Email:	Phone Number:
Category	
Please check the box which best reflects	the issue:
Billing and Accounts	Disconnection
Customer Transfers	Reconnection
Connection	Other Matters
The Issue	
Please tell us clearly where we failed to copies of any relevant documents.	meet your expectations. Add extra pages if necessary and attach