



Department of Civil Aviation of the Republic of Cyprus

Title: **Customer Complaint/Feedback/Inquiry Form**

Code: **FM013** Edition: **1.1** Type of Document: **Form**

Relevant PP: **1.1 Quality Management**

SECTION 1

Company: _____ Name: _____ Position: _____.

Contact Details

Telephone: _____ Fax: _____ Email: _____.

Postal Address: _____.

SECTION 2 Use this section to provide details of your complaint
(Give as much detail as you can e.g. date, time, where it happened etc)

SECTION 3 Use this section if you have a suggestion or inquiry to make

Signed

Date

At AIS we are committed to delivering better quality services to you.

PLEASE HELP US TO IMPROVE OUR SERVICE. WE ARE HAPPY TO RECEIVE YOUR COMPLAINTS/SUGGESTIONS.



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For AIS Use Only

Received by

.Date

Time

Concerns Unit/Function

General Nature

Inadequate Service/Abnormality

Review of Service Requirement

Comments/Report regarding the complaint/feedback/inquiry

AIS MR/ SL

Date

Time

Customer Validation Replied at date

OUT Ref nr