



# **NEVIS ELECTRICITY COMPANY LIMITED**

P. O Box 852, Main Street, Charlestown, Nevis, West Indies Tel: (869) 469-7243/7245

## **CUSTOMER COMPLAINT FORM**

Application #: \_\_\_\_\_

Customers Account #: \_\_\_\_\_

Nearest Pole #: \_\_\_\_\_

Name of Customer: \_\_\_\_\_

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

Telephone # \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

### **DETAILS OF COMPLAINT**

[Please tick () applicable description (s)]

- |  |  |
|--|--|
| <input type="checkbox"/> Low Voltage                     | <input type="checkbox"/> Installation of streetlight |
| <input type="checkbox"/> High Voltage                    | <input type="checkbox"/> Removal of pole             |
| <input type="checkbox"/> Low Lines                       | <input type="checkbox"/> Meter falling from its base |
| <input type="checkbox"/> Consistent outages              | <input type="checkbox"/> Appliance shocking          |
| <input type="checkbox"/> Material/bush left on worksite  | <input type="checkbox"/> Tree to be cut              |
| <input type="checkbox"/> Move Stay                       | <input type="checkbox"/> Bad Driving                 |
| <input type="checkbox"/> Pole Leaning                    | <input type="checkbox"/> No Supply                   |
| <input type="checkbox"/> Rotten pole                     | <input type="checkbox"/> Flickering Streetlight      |
| <input type="checkbox"/> Fallen/Broken Pole              | <input type="checkbox"/> Flickering Lights (In Home) |
| <input type="checkbox"/> Streetlight out                 | <input type="checkbox"/> Damaged Conductor           |
| <input type="checkbox"/> No response to previous request | <input type="checkbox"/> Service Line Related        |
|  | <input type="checkbox"/> Tree contact                |



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Other \_\_\_\_\_  
\_\_\_\_\_

**Directions to Property:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Customers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **FOR OFFICIAL USE**

**Complaint Taken By:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Name)

**Complaint Taken over phone:**  Yes  No

**Complaint Referred to:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Corrective Action Taken/Findings:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_