 

**CUSTOMER COMPLAINTS FORM (FORM CCF 1)**

**NAME OF CUSTOMER:**

**MOBILE NO.:**

**ADDRESS:**

**E-MAIL:**

|  |  |  |
| --- | --- | --- |
| **S/N** | **DATE** | **COMPLAINTS** |
|  |  |  |

NOTE: Forms are to be filled and sent as an email to servicom@nigcomsat.gov.ng