

CUSTOMER COMPLAINTS FORM

To be completed by the person making the complaint	
Date of complaint:	
Name of person making complaint:	<input style="width: 100%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>
Telephone Number	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>
Please describe the complaint in detail:	
<div style="border: 1px solid black; min-height: 250px;"></div>	
To be completed by Igenomix UK	
Person dealing with complaint:	<input style="width: 100%;" type="text"/>
Complaint index on iPassport:	<input style="width: 100%;" type="text"/>