RICEVILLE UTILITY DISTRICT

CUSTOMER COMPLAINT FORM

Name of person making complaint: _____
Name of account holder (if different): _____
Address: _____
Telephone Number: _____

Riceville Utility District investigates all complaints to help resolve and improve customer service each resolved complaint will be used for future improvement for all customers.
Please state the nature of your complaint:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____ Date: _____

Office use only
Results of Investigation:

_____
_____
_____
_____
_____
_____

Action Taken:

_____
_____
_____

Complaint received by: _____ Date received: _____

In person ____ In Mail _____ Date completed: _____