

# BESSEMER BOROUGH

## CUSTOMER COMPLAINT FORM

**Date Complaint Filed:** \_\_\_\_\_

**Person Receiving Complaint:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Customer Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Daytime Phone No. ( )** \_\_\_\_\_ **Evening Phone No. ( )** \_\_\_\_\_

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**Nature of Complaint:**

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