

# Department of Agriculture and Rural Development

## Customer Service Complaint Card

### Customer Details (Please Print)

**Title:**  
(Mr/Mrs/Ms/Other please specify)

**First Name:**

**Surname:**

**Address:**

**Post Code:**

**Telephone Number:**  
(Including STD Code)

**Mobile Number:**

**E-Mail Address:**  
(if applicable)

**Business Name:**  
(if applicable)

**Business ID:**  
(if applicable)

Please tell us if you are unhappy with the quality of our service. Please provide as much detail about your complaint as possible.

Signed \_\_\_\_\_ Date \_\_\_\_\_