

TELEPOST DT SACCO LIMITED
COMPLAINT APPEAL FORM



TELEPOST  SACCO LIMITED
CITY SQUARE POST OFFICE 5TH FLOOR
HAILE SELASSIE
CONTACTS: 0205029217/02
EMAIL: info@telepostsacco.co.ke

Date	Response
Name and member number (optional)	
Contact – mobile number & email	
Nature of Complaint	
Type of cause (system failure, human (inefficient officers, slow response, unresponsive), Organizational (Policies, procedures, regulations))	
Officer/department complained against	
When did you lodge the first complaint and was feedback provided? Yes/No	Were you satisfied with the feedback? If not, please elaborate the reasons

For Official Use Only:

Date of Receipt	
Mode of submission (physical, email, phone call)	
Receiving Officer: Name & Signature	
Forwarded to the Hon.Secretary: Signature	
Proposed remedy & resolution timeline	