



## VACUUM STANDARD LAB (VSL)

### NATIONAL INSTITUTE OF VACUUM SCIENCE AND TECHNOLOGY

Code	VSL/CCF-001	Complaint No.	(For office use only)
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## **CUSTOMER COMPLAINT FORM**

Name: _____ Designation: _____	
Address: _____	
_____	
Contact No.: _____	Institute/Organization _____
Complaint Description/Suggestion: _____	
_____	
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_____	
Signature: _____	Notify on the action taken:
Date: _____	YES: _____ NO: _____

#### Postal Address:

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