

## GHANA CIVIL AVIATION AUTHORITY

## **CUSTOMER COMPLAINT/SUGGESTION FORM**

Name of Complainant:	Customer Reference Number- Official Use only
Address:	Airport:
Phone Number:	
E-mail Address:	
Name of Service Provider:	
Type of Complaint: Please Tick [✓] a. Delayed [] b. Cancellation [] c. Denied Boarding [] d. Baggage []	
Name of Service Provider Staff: (if known)	
Date of Incident:	
Any Witness (es):	
Please provide any Reference Number if available:	
(Ticket, Code, Flight Number etc.)	
Complaints/Suggestion:	
What results (outcomes) do you expect?	
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Signature of Complainant:	Date: