



COMPLAINT SUBMISSION FORM

To: Customer Service Department, GoMo

PART A: CUSTOMER DETAILS

Full Name:

Address:

Contact Telephone:

Email Address:

PART B: ACCOUNT DETAILS

Telephone Number related to the complaint:

Account Number (if known):

PART C: COMPLAINT DETAILS

Have you contacted us about this issue before?

No

Yes (If yes, please complete the following):

Date of Previous Contact: ____ / ____ / _____

Reference Number : _____

Complaint Category (Please check the main category):

- Billing / Charges
- Network Quality / Coverage
- Services
- Customer Service
- Technical Support
- Other (please specify): _____

