



CUSTOMER CARE TRANSMITTAL FORM

Instructions:

- Please use this form as PCC National Headquarters and Gene Pool's standard format in transmitting customer messages through whatever means (walk-in, phone calls, SMS, correspondents, etc.) from one reference point to another;
- Reference Point (RP) shall be the unit receiving and forwarding messages to other RP's such as Divisions/ Sections/Units, Laboratories as follows:
 A – Main Guard B – OED Secretary C – DED Secretary D – Other Service Units (Name of Unit)
- Ensure that referrals are properly signed by receiving points

Reference Point: _____

Date Message Received _____

Name of Receiving Officer/Employee/Guard _____

Name of Customer/Caller/Message Sender _____

Address _____

Contact No. (Landline) _____

(Mobile) _____

Nature of Message/Requirement (please tick appropriate box):

- Request
 Compliments
 Complaint
 Others

State briefly the Customer Message/Requirement (English or Filipino)

Initial action taken:

Referred to:

Name & Signature of Officer/Employee

Date

Results of Investigation:

Final Action Taken:



MASTER COPY
Valid only if BLUE

Form No.: PCC-CSIF-01

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CONTROLLED COPY
Valid only if green