

Attachment 2

I n d i v i d u a l C o m p l a i n t b y P a s s e n g e r

NAME:		<input type="checkbox"/> MR.	
LAST NAME	GIVEN NAME	<input type="checkbox"/> MRS.	
		<input type="checkbox"/> MS.	
DATE OF BIRTH	OCCUPATION	NATIONALITY	
D/M/Y			
ADDRESS			
HOME TEL:		OFFICE TEL:	FAX NO:
PLANNED SCHEDULE	DEPARTURE T/D/M/Y	ARRIVAL T/D/M/Y	TRANSIT T/D/M/Y
ACTUAL TIME			
PLACE			
NO. AND CLASS			
AIRLINE&FLIGHTNO.			
MAIN PURPOSE OF THIS TRIP	<input type="checkbox"/> COMPANY BUSINESS		<input type="checkbox"/> EDUCATION
	<input type="checkbox"/> ATTEND TRADE SHOW/CONVENTION		<input type="checkbox"/> MIGRATION
	<input type="checkbox"/> HOLIDAY		<input type="checkbox"/> OTHERS
	<input type="checkbox"/> VISITING FRIENDS/RELATIVES		
TRAVEL AGENCY		TEL NO.	
NATURE OF DISSATISFACTION			