Observation Form

You can hand in this form at any Post Office or Fax +35020072476. Claims (on a claims form) may be raised after 25 working days but before 6 months from the date of posting

General Post Office , Gibraltar Tel- +350 20075714

Royal Gibraltar Post Office

CONTACT DETAILS

Please complete this form in BLOCK CAPITALS ONLY

Your Name		Today's date	/ / 20
Address			
Tel No:		Fax No:	E-mail

i	***Please tick which you have in your house***	**LETTER BOX**		**DOOR MAIL SLOT**		**NONE**	

DETAILS OF OBSERVATION OR COMPLAINT

PLEASE IDENTIFY THE SERVICE AFFECTED (Tick one or more as appropriate)

Inbound Air Mail		Inbound Surface Mail		Inbound Priority Mail	
Outbound Air Mail		Outbound Surface Mail		Outbound Priority Mail	
Main Post Office		North District Post Office		South District Post Office	
Sorting Office		Parcel Post Depot		P O Box Unit	
Other		*Specify*			

Brief summary of circumstances leading you to fill in this form.

Please consider how the postal service identified above has contributed to prompt you to raise this issue.
Eg- Problem with service, manner in which service delivered, staff comportment, level of assistance provided, etc.

	Date issue occurred
	/ / 20

Q	***Do you require a response ? Please tick***	**Written**		**E-mail**		**Telephone**	

OFFICIAL USE ONLY

PLEASE DO NOT WRITE BELOW THIS LINE

Officer who Issued form		Date Issued	
Officer who Received form		Date Received	

Details of corrective or other action taken by officer dealing.

Thank you for having provided this feedback