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## **Observation Form**

You can hand in this form at any Post Office or email cco@post.gi. 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- +

Tel- +350 20075714

Please complete this form in BLOC	CK CAPITALS	<b>ONLY</b>				
Your Name			oday's date	e / /	20	
Address			•			
TING		<b>_</b>				
Tel No:		E-n	nail			
Plages tick which you have in your house	LETTER BOX		R MAIL SLOT	NON	-	
Please tick which you have in your house			R WAIL SLOT	NON	-	
PLEASE IDENTIFY THE SERV	ICE AFFEC	TED (Tick	one or more	e as approp	riat	
Inbound Air Mail		122 (1101)				
Outbound Air Mail						
Main Post Office						
Sorting Office						
Other						
			his farme		_	
Brief summary of circumstance Please consider how the postal service iden	tified above boo	ou to fill in t	mot you to rois	a this issue		
Eg- Problem with service, manner in which s					ed. e	
<b>·</b>	,	· · ·		e issue oc		
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	10/1:440.00	E me	••	Telephone		
Do you require a response ? Please tick	Written	E-ma	11	Telephone		
PLEASE D	O NOT WRITE	BELOW THIS I	INE			
Officer who Issued form			Date Issued			
Officer who Received form				Date Received		
	Goodenting		Date Necel	eu		
Details of <u>corrective</u> or other action taken by <u>of</u>	<u>ncer aeanng</u> .					

## Thank you for having provided this feedback