

AA

COMPLAINT FORM

Date:

D	D

M	M

Y	Y	Y	Y

Branch

CUSTOMER INFORMATION

Surname

Other Names

Account Number

Email Address

Mobile Phone Number

Complaint

Signature

FOR OFFICIAL USE ONLY

Complaint Handler Staff No

Kindly attach Board Resolution or minutes of meeting authorising closure for Non-Individual accounts.

Cause of Complaint IT related Process failure Customer Induced Fraud

Loan Bank Charges Staff Attitude Branch Ambience Others

Corrective Action Taken

Resolution Date

D	D

M	M

Y	Y	Y	Y

 Handler's Signature

COMPLAINT CONFIRMATION SLIP (CUSTOMER'S COPY)

AA

This section is to filled by the Banks official

Date:

D	D

M	M

Y	Y	Y	Y

Branch

Officer's Stamp and Signature

CF/KGL/0117