

# COMPLAINTS FORM

Way of Communication:

FAX

Email

Tel

Letter

## Client details

Name:

Surname:

Account Number:

Legal Entity Name (if applicable):

Address:

Post Code:

City:

Country:

Telephone Numbers:

Home:

Work:

Mobile:

Fax:

Email:

## Brief Summary of the complaint

Description of product or service and/or department and/or employee you are complaining about (description, evidence, magnitude of damage and suggested way to be solved):

Please enclose any other relevant documentation that may enable us to handle and resolve the complaint.

I hereby certify and confirm that to the best of my knowledge, the information furnished above is true, accurate, correct and complete.

Signature:

Date:

For internal use only

Complaint received by: .....

Date of reception: ..... / ..... / .....

Reference number: .....

Department involved: .....

Employee involved: .....

Initial response to client:  Yes,  No

Date: ..... / ..... / .....

Initial Action Taken: .....  
.....  
.....

Informed client of initial action taken:  Yes,  No

Date: ..... / ..... / .....

Further Action Taken:  Yes,  No

Date: ..... / ..... / .....

Further Action Taken: .....  
.....  
.....

File handed on to Compliance Officer:  Yes,  No

Date: ..... / ..... / .....

Settlement of complaint:  Yes,  No

Date: ..... / ..... / .....

Summary of how the complaint was settled:

.....  
.....

Signature of Responsible Officer: ..... Date: ..... / ..... / .....