

COMPLAINTS FORM

Way of Communication:	FAX <input type="checkbox"/>	Email <input type="checkbox"/>	Tel <input type="checkbox"/>	Letter <input type="checkbox"/>
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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.

Signature:	Date:
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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:

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Informed client of initial action taken: Yes, No

Date: / /

Further Action Taken: Yes, No

Date: / /

Further Action Taken:

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File handed on to Compliance Officer: Yes, No

Date: / /

Settlement of complaint: Yes, No

Date: / /

Summary of how the complaint was settled:

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Signature of Responsible Officer: Date: / /