

COMPLAINTS FORM

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

Client details

| | |
|-------|----------|
| Name: | Surname: |
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|-----------------|
| Account Number: |
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| Legal Entity Name (if applicable): |
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| Address: |
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| | | |
|------------|-------|----------|
| Post Code: | City: | Country: |
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|--------------------------|-------|---------|------|
| Telephone Numbers: Home: | Work: | Mobile: | Fax: |
|--------------------------|-------|---------|------|

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| Email: |
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| 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): |
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| Please enclose any other relevant documentation that may enable us to handle and resolve the complaint. |
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|------------|-------|
| 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: / /
Action

Taken:

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Informed client of initial action taken: Yes, No _____ Date: / /

Further Action Taken: Yes, No _____

Date: / /
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: / /