



## 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For internal use only

Complaint received by:

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

Reference number:

.....

Department involved:

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Initial Action Taken:

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

Further Action Taken:      Yes,      No

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: ..... / ..... / .....