

CLIENT COMPLAINT FORM

A. Client Information:

Customer Name:	Identification Number:
Address:	Telephone:

B. Brief Summary of the Complaint:

(Please describe the product or service you are complaining about (description, evidence, amount and what you would like us to do to resolve it):

Please enclose any relevant documentation that may help us in dealing with the complaint.

Date and place: _____

Client Signature: _____

For internal use only :	
Complaint received by :	Date:
Acknowledgement sent to client within 5 days:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final response provided to client within 3 months :	<input type="checkbox"/> YES <input type="checkbox"/> NO
List of further actions taken as per holding response:	
Signature of Compliance Officer:	Date :