

# 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:
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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):

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