CLIENT COMPLAINTS REGISTRATION FORM

1. PERSONAL DETAILS:

First Name: Last	
Name: Residential	
Address: Post Code/	
Zip Code: City	
/Town:	
State/Province:	
Country:	
Home Phone:	
Mobile Phone:	
E-mail:	
Account number:	
Equity before:	Equity
after:	Claimed
Magnitude of damage:	
Your Account Service Manager:	
Company's organizational unit/department involved:	

2. BRIEF SUMMARY OF YOUR COMPLAINT:

Please describe the product of service you are complaining about (Description, Evidence and suggested way to be solved);

(If the below space is not convenient or sufficient for your explanation, please use a separate sheet and attach it to this form).

Please enclose/attach any other relevant documentation (including any correspondence exchanged with the Company) that may help us handle your complaint.

Signature	
Name & Surname	
Date	

FOR INTERNAL USE ONLY

Complaint received by: ……

Date of reception: ……

Reference number: ……

Service/department to which the complaint refers: ……
……

Details of the employee responsible for the service/s rendered to the client: ……
……

Organizational unit/department where the relevant employee, which is responsible for the service/s rendered to the client, belongs:……

Initial response to client: Yes ☐ Check Box No ☐ Check Box Date: ……

Initial Action Taken: ……
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Informed Client of Initial Action Taken: Yes ☐ Check Box No ☐ Check Box Date: ……

Further Action Taken: Yes ☐ Check Box No ☐ Check Box Date:
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File handed on to Compliance Officer: Yes ☐ Check Box No ☐ Check Box Date: ……

Settlement of Complaint: Yes ☐ Check Box No ☐ Check Box Date: ……

Summary of how the complaint was settled:……
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Signature of responsible Officer: Date: ……