



CUSTOMER COMPLAINT/GRIEVANCE FORM

Please fill in the following details accurately to help us address your concern promptly.

Date of complaint	
Full Name	
Identification No. (CID/work permit)	
Phone No.	
Email ID	
Account No (if applicable)	
Amount Involved (if applicable)	

Complaint Details (Please provide a detailed description of your complaint in the box below. Include dates, persons involved, transaction details, reference number, and any other relevant information. If you have a written application with all details already, please attach the application along with this form)

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Declaration:

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature/Thumb impression of the Complainant: _____

Date: _____

FOR BANK'S USE ONLY

Application Received Date: _____

Application Received by (Name & Employee ID): _____