

Complaint Form

A. Client Information:

Name:	Account Number:
Address:	Telephone Number:

B. Type of Complaint

1. Execution of Orders	<input type="checkbox"/>
2. Quality or lack of information provided	<input type="checkbox"/>
3. Terms and Conditions/Fees/Charges	<input type="checkbox"/>
4. General admin/Customer Services	<input type="checkbox"/>
5. Unauthorized business being offered	<input type="checkbox"/>
6. Issue in relation to withdrawal of funds	<input type="checkbox"/>
7. Other (specify)	<input type="checkbox"/>

C. Brief Summary of the Complaint:

Please describe the product or service you are complaining about (*description, evidence, amount and suggested way to be solved*):

- Please enclose any other relevant documentation that may help us to handle the complaint.
- Possible documentation to be provided (client statement, correspondence with the Company as well as any other supporting documentation to be requested by the Company which is relevant to the Client's complaint)

_____ Date and place

_____ Client Signature

<i>For internal use only:</i>	
Complaint Received By:	Date:
Acknowledgement sent to Client:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Informed Client of initial action:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Final response provided to Client:	<input type="checkbox"/> Yes - <input type="checkbox"/> No
Holding response provided to Client:	<input type="checkbox"/> Yes - <input type="checkbox"/> No - <input type="checkbox"/> N/A