

Client Complaint Form

1. Information	
Personal Information	
First Name	
Last Name	
Residential Address	
Post Code/ Zip Code	
City/Town	
State/Province	
Country	
Home Phone	
Mobile Phone	
Email	
Complaint Information	
Account Number	
Equity before	
Equity After	
Claimed magnitude of damage	
Date problem happened	
Date you noticed the problem	
Account Service Manager	
Companys 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), the people involved (if applicable) and any relevant dates;

(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