

**COMPLAINT RESOLUTION FORM****CUSTOMER DETAILS****Client Name:****CPR , C.R. or A/C:****Type of complaint:**  Accounts /  Finance /  ATM /  e-banking /  other:

If other: .....

**Mobile:** ..... **Telephone:** .....**Address:** House / Flat / Building: ..... Road: .....

Block: ..... City / Town: .....

**DESCRIPTION OF COMPLAINT / PROBLEM****Description of Problem:****ACTION TAKEN****For Quality Assurance / Complaint Unit use only:**

Complaint number: \_\_\_\_\_

Action:

Closing date:

Signature: