

{ Complaint form }

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | Branch | | | |  | | | | | | | Bank Name |
|  | Moral |  | | | | Natural | | |  | | | | Name of complaint | | |
|  | | | E mail address | | | | |  | | | | | | | Phone NO. |
|  | | | Account Type | | | | |  | | | | | | | Address |
|  | | | Account Number | | | | |  | | | | | | | Occupation |
| Dinar Dollars Other ( ) | | | | | | | | | |  | | | | | Balance |
| The subject of The Complaint | | | | | | | | | | | | | | | |
| .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  .............................................................................................................................................................  ............................................................................................................................................................. | | | | | | | | | | | | | | | |
|  | | | | | No | |  | | | | Yes |  | | Documents if any | |
|  | | | | | | | | | | | | | | Type of attached documents | |
| Decleration | | | | | | | | | | | | | | | |
| I confirm that all information provided above is correct and in accordance with reality and take the full responsibility for the inaccuracy of the above information, also confirm that the subject of the complaint has not been presented to the Judiciary authorities and I have not right to take any further actions in case got the agreement with the bank or the company as a corrective action on the subject of the compliant and will complete the required procedure by the bank or the company concerned. | | | | | | | | | | | | | | | |
|  | | Date | | | | | |  | | | | | | | Signature of the complainant |
|  | | Date | | | | | |  | | | | | | | Signature of the complainant employee |
| Result was reached by the Banking Awareness and Consumer Protection Department | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | Date | | | | | |  | | | | | | | Signature of the BAACPD Manger |