



# CUSTOMER COMPLAINT FORM

Reference No. \_\_\_\_\_  
(To be filled out by Bank Personnel)

## CLIENTS INFORMATION

Last Name  First Name  M.I.

Home Address   
*House No. Street Brgy/ Municipality*

*City/ province Zip-Code*

Phone No.  Email Address

What is the best way to contact you?  Phone  Mail  Email

## TRANSACTION DETAILS

<b>Type of Account</b> <input type="checkbox"/> Deposit Services <i>Pls. Specify : _____</i> <input type="checkbox"/> Non Deposit Accounts <i>Pls. Specify _____</i> <input type="checkbox"/> Loan Products <i>Pls. Specify : _____</i> <input type="checkbox"/> Others : _____ <i>Pls. Specify : _____</i>	<b>Transaction type</b> <input type="checkbox"/> Cash Withdrawal/ Encashment <input type="checkbox"/> Home Branch <input type="checkbox"/> Cash/ Check Deposit <input type="checkbox"/> Interbranch Branch Name : _____ Others : _____ _____
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## COMPLAINT DETAILS

Date Occurred :  Time Occurred :  Branch Name

To whom you complained  Position

**Description of Complaint :**  
*(Please type a clear description of the complaint)*

\_\_\_\_\_ Customer's Signature

## FOR BANK USE ONLY

Name of Branch :  Priority :  High  Normal  Low

Date Complaint Received :  Remarks : \_\_\_\_\_

Received by :  Noted by :

## CUSTOMER'S COPY

Reference No. : \_\_\_\_\_ Date of Complaint : \_\_\_\_\_

Name of Complainant : \_\_\_\_\_ Date Filed : \_\_\_\_\_

Attending Bank Personnel : \_\_\_\_\_ Branch Name : \_\_\_\_\_