



# {Complaint Form}

Bank Name		Branch			
Name of complaint		Natural		Moral	
Phone NO.		E-Mail Address			
Address		Account Type			
Occupation		Account Number			
Balance		<input type="checkbox"/> Dina	<input type="checkbox"/> Dolla	<input type="checkbox"/> Other ( )	
The Subject of The Complain					
..... ..... ..... ..... ..... .....					
Documents if Any		Yes		No	
Type of attached Documents					
Declaration					
I confirm that all information provided above is correct and in accordance with reality take full responsibility for the inaccuracy of above information, also confirm that the subject of the complaint has not been presented to the judiciary authorities and I have no 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 company concerned.					
Signature of the complainant		Date			
Signature of the complainant Employee		Date			
Result was reached by the Banking Awareness and Consumer Protection Department					
Signature of the BAACPD Manger		Date			