



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"/> Dinar <input type="checkbox"/> Dollar <input type="checkbox"/> Other ()			
The Subject Of Complaint					
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>					
Documents if any		Yes		No	
Type Of Attached Documents					
Deceleration					
<p>I Confirm that all information provided above is correct and 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 corrective action on the subject of the compliant and will complete the required procedure by the bank or the company concerned</p>					
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 Manager			Date		