

Complaint Form

Bank Name					Branch				
Name of complaint				N	atural		Moral		
Phone NO.					E mail address				
Address					Account Type				
Occupation				Account Number					
Balance					D	inar	Dollars	Other	
The subject of The Complaint									
Documents if any			Yes		No				
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.									
Signature of the complainant					Date				
Signature of the complainant employee					Date				
Result was	reac	ched by the Banking Av	wareness a	and	Consume	r Protect	ion Depart	ment	
Signature of the BAACPD Manager					Date				