



Bank Name: _____ Branch: _____

Name of complaint: _____ Natural: _____ Moral: _____

Phone No.: _____ E-mail: _____

Address: _____

Account Type: _____

Occupation: _____ Account Number: _____

 Balance Dinar Dollars Other (_____)

The subject of The Complaint

Documents if any

 Yes

 No

Type of attached documents

Declaration

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: ____ / ____ / 20 ____

Signature of the complainant employee

Date: ____ / ____ / 20 ____

Result was reached by the Banking Awareness and Consumer Protection Department

Signature of the BAACPD Manger

Date: ____ / ____ / 20 ____