

## Customer Complaint Form

SECTION A – COMPLAINT DETAILS		
Name of Complainant (ie person making complaint)		
Contact Number	Ph:	Fax:
	Mobile:	E-Mail:
Company Name (if applicable):		
insurer's Policy No.: OR Type of Policy		
Salesman/Agent Code (ie service officer to whom the complaint relates)		
Nature of Complaint	A - Documentation B - Advice C - Claims Handling D - Contact/Support	E - Insurance Coverage F - Other (specify):
Details of the Complaint		
SECTION B – STAFF MEMBER DEALS		
NAME OF STAFF MEMBER WHO TOOK COMPLAINT		
DATE:		
SIGNATURE:		
SECTION C – CUSTOMER RELATIONS/ COMPLAINTS OFFICER USE ONLY:		
Time taken to resolve complaint: _____		
How it was resolved: _____		
Amount of claim involved (if applicable): \$ _____		
Date insured was referred to the FOS (if relevant) _____		
Date closed:    /    /    Signature: _____		