

## COMPLAINTS FORM

**DATE:**

### CLIENT INFORMATION

Name

Surname

Legal Entity Name (in case the Client is a legal person)

Policy Number

### CONTACT DETAILS OF THE CLIENT

Postal Address

City/Province

Code

Country

Telephone Number

Email

**DETAILS OF THE COMPLAINT**

Date when the Complaint was created

Person who offered the services to the Client

Description of the Complaint: (use a separate sheet if necessary)

**FOR OFFICIAL USE ONLY**

Received on

Received by

Assigned to

To reply by