

BoB CUSTOMER COMPLAINT REDRESSAL POLICY 2018

Page 17

Annexure 1: Customer Complaint Form

COMPLAINANT DETAILS	
Name of Person Lodging Complaint:	
Address:	Contact No:
Date:	Email:
COMPLAINT DETAILS	
Date of Incident (if relevant):	
Location of Incident:	
Who/What is the Subject of Your Complaint:	
COMPLAINT OUTCOME	
Your feedback and suggestions: (Please provide details)	
Complaint Acknowledgement	
Complaint reference No:	
Received on date:	
COMPLAINT RECEIVED BY:	
Officer's Name:	
Designation:	
BOB Branch Name:	
, 	
Complainant's Signature Officer's Signature	



BoB CUSTOMER COMPLAINT REDRESSAL POLICY 2018

Page 18

Customer Complaint Form to be filled up by the investigating officer.

INVESTIGATION DETAILS	
Name of person investigating incident:	
Title:	Date of investigation:
Investigation details:	
(If no action is to be taken, please explain why)	
Actions arising from Investigation	Date to be completed
	Date to be completed
Actions arising from Investigation Immediate:	Date to be completed
	Date to be completed
Immediate:	Date to be completed
Immediate:	Date to be completed
Immediate:	Date to be completed
Immediate: Further recommendations:	Date to be completed
Immediate: Further recommendations: Investigation Officer	Date to be completed Date: