



{Complaint form}

Bank Name		Branch	
Name of complaint		Natural	Moral
Phone NO.		E mail address	
Address		Account Type	
Occupation		Account Number	
Balance		<input type="checkbox"/> Dinar	<input type="checkbox"/> Dollars <input type="checkbox"/> 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	
Signature of the complainant employee		Date	
Result was reached by the Banking Awareness and Consumer Protection Department			
.....			
Signature of the BAACPD Manger		Date	