# CLIENT COMPLAINT FORM

**(As Issuer)**

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>Time Filed</th>
<th>Transaction Date</th>
<th>Transaction Time</th>
<th>CCF No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Name of Cardholder

Savings/Current Account Number

Card Number (please indicate first 6 and last 4 digits only)

ATM Location/Terminal No.

### Complaint

- [ ] Non-Dispensed
- [ ] Partial Dispensed
- [ ] Over-Dispensed
- [ ] Unauthorized Withdrawal
- [ ] Captured Card
- [ ] Others
- Please specify:

<table>
<thead>
<tr>
<th>Amount Requested</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Dispensed</td>
<td>P</td>
</tr>
</tbody>
</table>

Details of Problem/s:

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**Signature of Cardholder**

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### FOR BANK PERSONNEL USE ONLY: (Please check applicable boxes)

Complained by:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
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</table>

**(Signature over Printed Name)**

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#### Branch Findings

**Per Statement Transaction Inquiry:**

- [ ] Debited
- [ ] Not Debited

**Recommendation:**

- [ ] File complaint with other Bank
- [ ] Others

Validated by:

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#### ACMD Findings

- [ ] Dispensed
- [ ] Bank:
- [ ] Date:
- [ ] Time:
- [ ] Seq. No.:
- [ ] Undispensed

Validated by:

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LARS In-Charge

**(Signature over Printed Name)**

Branch Service Officer

**(Signature over Printed Name)**

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Revised October 2017