

CLIENT COMPLAINT FORM

(As Issuer)



Branch _____

Date Filed	Time Filed	Transaction Date	Transaction Time	CCF No.
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Name of Cardholder _____

Savings/Current Account Number	Card Number (please indicate first 6 and last 4 digits only)
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ATM Location/Terminal No. _____

Complaint

- Non-Dispensed
- Partial Dispensed
- Over-Dispensed
- Unauthorized Withdrawal
- Captured Card
- Others

Please specify: _____

Amount Requested ₱ _____

Amount Dispensed ₱ _____

Details of Problem/s:



Signature of Cardholder _____

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

Complained taken by _____ (Signature over Printed Name)	Date	Time
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Branch Findings

Per Statement Transaction Inquiry:

- Debited
- Not Debited

Recommendation:

- File complaint with other Bank
- Others _____

ACMD Findings

- Dispensed
- Bank: _____
- Date: _____
- Time: _____
- Seq. No.: _____
- Undispensed

Validated by: _____ LARS In-Charge (Signature over Printed Name)	Checked by: _____ Branch Service Officer (Signature over Printed Name)	Validated by: _____ (Signature over Printed Name)
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