

**CONSUMER COMPLAINTS FORM**

Name of Person or Company making the complaint	
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ID Number <i>(in the case of an individual)</i> or Company Registration Number <i>(in the case of a Company)</i>	
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Type of Policy on which the complaint is being made	
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Policy No or Claim No	
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Name of Staff Member who handled your initial complaint	
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Nature of the complaint	
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Please describe the circumstances leading to your complaint and desired outcome in the space provided below. If you require additional space please continue on a blank sheet and attach it to this form.

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Signature of persons making the complaint

\_\_\_\_\_  
Date