

**CUSTOMER COMPLAINT FORM**

(TO BE FILLED UP BY THE CUSTOMER – Branch staff can assist if customer is not literate)

Customer Type: Existing NESFB Customer  Non  Customer

Customer Details:

Branch:

Name (Block Letter)			
Account No. (if any)			
Address :	City/Town		
	District		
	State		
	Pin		
Group /Centre No (if applicable)			
Mobile No.			
Email ID			

Particulars of Complaint:

Nature of Complaint (Please Tick)	ATM Related/Loan/Savings AC/Current AC/ Cash Deposit /Transfer & payment/Staff behaviour/Others
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Details of Complaint

Date: \_\_\_\_\_ Signature of Complainant: \_\_\_\_\_

Acknowledgement:

Complaint No: NESFB/ /	Nature of Complaint:
Signature of Official:	Date:
Name of the Official:	Employee Code: