COMPLAINT FORM

equitas
Small Finance Bank

ORIGINAL (Branch Copy)

Date D D M M Y Y Y Y

Customer Name

Customer ID/Account No.

Customer Address

Complaint in Brief: **Phone number:** **email id:**

(Signature of complainant)

FOR BANK USE ONLY

Service Request Number

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official

Date and Time of Receipt of Date D D M M Y Y Y Y Time

esfb/fr/aug16/serv/00011