

Complainant Form

In completing this form, please provide as much information as possible, which may aid a complainant to provide the key details required by Actuate IB to handle the complaint adequately.

Details of complainant:	Date of Complaint: / / 20	
Name/organisation		
Address		
Contact numbers	Work No.	Home No.
	Mobile No.	Fax No.
Email		
Details of person acting on behalf of complainant (if applicable)		
Person to be contacted (if different from above)		
Product/service description	Policy/Client Ref # (if known) _____	
	Description _____	

Problem encountered	Date of occurrence _____	
	Description _____	

Remedy requested	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Date/signature	Date: / / 20____	Signed:
Enclosure List of enclosed documents	_____	

