

COMPLAINT FORM

A. Details of complainant

Mr./ Ms. /Mrs. / M/s. _____

Address _____

_____ City _____ State _____ PIN _____

Phone (Residence) _____ Phone (Office) _____

Mobile _____ Fax _____

Email Address _____

B. Details about the Individual you wish to complain about

(Please score out if not applicable)

Mr/Ms/Mrs _____

Address of individual _____

_____ City _____ State _____ PIN _____

Name of company individual works for _____

Address of company _____

_____ City _____ State _____ PIN _____

Phone (Regd. office) _____ Phone (Local office) _____

Fax _____ Email _____ Website _____

Is the individual or the firm/company or you wish to complain about a member of FPSB India?

[] YES

[] NO

C. Details about the Firm/Company you wish to complain about

(Please score out if not applicable)

Name of Firm/Company _____

Address of company _____

_____ City _____ State _____ PIN _____

Phone (Regd. office) _____ Phone (Local office) _____

Fax _____ Email Address _____

Website Address _____

Individuals (with designations) you are in contact with in the company

(i) _____ (ii) _____

(iii) _____ (iv) _____

D. Summary about your complaint

(Please describe the events in the order they happened. Whenever possible include dates. Consider attaching additional sheets if necessary.)

(you may attach additional page(s), if needed)

E. If you have you contacted anyone or any organization about your complaint, please provide details.

F. Documents and information relevant to your complaint

(If you have documents supporting your complaint, for example, account statements, agreements, documented advice, product brochures etc., please provide us with copies. Keep original documents in a safe place, in case they are needed later. Use the following spaces to list documents relevant to your complaint)

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

Signature of Complainant

Name: