

Reference No:

# RESERVE BANK OF FIJI

## Customer Complaints Form



<b>PERSONAL INFORMATION</b>				
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms				
Full Name:				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (Day/Month/Year):	
<b>CONTACT DETAILS</b>				
Phone (please tick preferred contact)	<input type="checkbox"/> Home:	<input type="checkbox"/> Work:	<input type="checkbox"/> Mobile:	<input type="checkbox"/> Fax:
Email (if applicable):				
Postal Address:				
<b>DETAILS OF THE COMPLAINT</b>				
Name of Financial Institution			Branch	
Name/type of the product/service			Monetary Value \$ (where applicable)	
Please provide a brief explanation <sup>1</sup> of the complaint (please attach all documents)				
What outcome did you expect from the Financial Institution (FI) concerned?				
<b>ADDITIONAL QUESTIONS</b> (please tick)				
<input type="checkbox"/> Have you raised your complaint with the FI? <input type="checkbox"/> Has the FI sent you its response? <i>* If you have answered YES please enclose copies of correspondence with this form.</i>			YES <input type="checkbox"/> *	NO <input type="checkbox"/>
<input type="checkbox"/> Have you contacted any agencies or other consumer advocate about your complaint? <i>* If you have answered YES, please provide copies of correspondence</i>			YES <input type="checkbox"/> *	NO <input type="checkbox"/>
<input type="checkbox"/> Have you hired a lawyer/authorised representative to act on your behalf? <input type="checkbox"/> Has there been any court action relating to your complaint – or have you taken legal action? <i>* If YES to either of the two questions above, please provide details here or attach documents</i>			YES <input type="checkbox"/> *	NO <input type="checkbox"/>
<b>DECLARATION</b>				
I/ We hereby certify that the information provided is true and correct to the best of my/our knowledge.				
Name:..... Signature:..... Date:.....				
Name:..... Signature:..... Date:.....				
Name(s) and Signature(s) of applicant(s). (If signing on behalf of the complainant please attach letter authorizing this).				
<b>Note:</b> 1. The form must be returned to: <b>The Chief Manager, Financial Systems Development &amp; Compliance Group, Reserve Bank of Fiji, Private Mail Bag, Suva.</b> 2. Section 20 of the Reserve Bank of Fiji Act Rev. 1985 states, “No director, officer or employee of the Reserve Bank shall be personally liable for an act or default of the Bank done or omitted to be done in good faith and without negligence in the course of the operations of the Bank”. This provision applies for all complaints handled by the Reserve Bank of Fiji.				

1. Additional page(s) can be attached with this form.