

Complaint/Feedback Form

Date:

Branch:

Customer Name			
Email Address			
Contact Number			
Communication Address			
Existing Customer (Please tick)	Yes		No
Customer A/c No. (if yes)			CIF No. (if yes)
Type of complaint/Feedback			
Details of Complaint/ Feed-back			

Declaration

I/We the complainant/s here declare that:

- The information furnished herein above is true and correct; and
- I/We have not concealed or misrepresented any fact stated in aforesaid columns and the documents submitted herewith.

Date:

Customer's Signature:

Note: Please send this form dully filled and signed to the Shivalik Banks's branch.

The first point for redressal of your complaint is the bank itself and if your complaint is not resolved at the bank level within a month then you may approach the RBI's Banking Ombudsman for further resolution.