

FORMAL COMPLAINT FORM

To: Complaints Officer
Contact: legal@ftcomm.co.za

1. Details of complainant:

Name:		Telephone Number:	
ID Number:		Fax Number:	
Client policy Number:		Email:	

2. Please select the appropriate option:

2.1. The Company or its representative or its staff member has failed to provide you with appropriate or incorrect advice and/or intermediary services and as a result thereof, you have suffered or is likely to suffer financial prejudice or damage.

2.2. The Company or its representative or its staff member has failed to provide you with satisfactory service and as a result thereof you are likely to suffer financial prejudice or damage

2.3. The Company or its representative or its staff member has treated the complainant unfairly.

3. Please provide a brief summary of the complaint:

4. Please attach copies of all relevant documentation in support of the complaint

Number of pages attached: _____

5. I confirm that the above information is true and correct.

Signature of complainant:	
Date:	