

# 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.

<b>Details of complainant:</b>	<b>Date of Complaint:</b> /        / 2008	
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)		
<b>Product/service description</b>	Policy/Client Ref # (if known) _____	
	Description _____	
	_____	
<b>Problem encountered</b>	Date of occurrence _____	
	Description _____	
	_____	
<b>Remedy requested</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	_____	
	_____	
<b>Date/signature</b>	<b>Date:</b> /    / 20____	<b>Signed:</b>
<b>Enclosure List of enclosed documents</b>	_____	
	_____	
	_____	