IMB
Your money matters

Complaint form

Complaint number: _____

Complainant details

Date: _____ **Mobile number:** _____

Full name: _____

ID number: _____ **Card number:** _____

Complaint details

Date of incident: _____ **Time of incident:** _____

Where did the incident occur?: _____

Provide a detailed description of the complaint:

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Complainant declaration

I, _____, declare that the information that I have provided above is true, accurate and complete. I, furthermore, understand that providing false information or withholding required information constitutes a misrepresentation, which could lead to criminal and/or civil action being taken against me.

Date: ____/_____/_____ **Full name:** _____ **Signature:** _____