



FSM Development Bank COMPLAINT FORM

Instructions: *This form must be completed by a staff member of the bank receiving the complaint or complaints. All information contained herein must be handled with care and confidentiality in accordance with the Bank's Code of Ethics Policy.*

Complainant: _____ Name of Business: _____
(Last Name, First name)

Email address: _____ Contact: _____

Description of Issues:

Recommended Solution

Name of Person receiving the complaint: _____

Sign _____ Date: _____

FOR OFFICIAL USE ONLY

Complaint Solved? Yes [] No []
