



**AZANIA BANK LTD**  
*The One Stop Financial Centre*

## COMPLAINT FORM: BANKING SERVICES

### PARTICULARS OF COMPLAINANT

FULL NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

BRANCH \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### NATURE OF COMPLAINT:

ATM

MOBILE BANKING

INTERNET BANKING

TELLER

OTHERS

### DESCRIPTION OF THE COMPLAINT


### FOR OFFICIAL USE:

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### ACTION TAKEN TO RESOLVE THE ISSUE


ATTENDED BY \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATE CUSTOMER INFORMED \_\_\_\_\_

NB: You may also send your complaints via our email address [complaints@azaniabank.co.tz](mailto:complaints@azaniabank.co.tz)