

Head, Customer Care, Custodian & Allied Plc
16A, Commercial Avenue, Sabo, Yaba, Lagos
Email: carecentre@custodianinsurance.com
Phone: Tel: 01-2774000-9, 2707204-8, 0700-CUSTODIAN

COMPLAINT LODGEMENT FORM

1. Information for complainants

Complainants may be contacted and asked to provide additional information to support their complaint.

2. Personal details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname?				
Other names?				

3. Contact details

Current contact/ mailing address?			
Email address			
Telephone number			
Tick preferred contact method:	<input type="checkbox"/> Letter	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone

4. Complaint details

Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, when:	

5. Complaint summary

When did it happen	
Where did it happen	
Who was involved	

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What happened (details of your complaint)

What would you like to happen to resolve your complaint?

List any documentation you have that supports your complaint (attach copies of the documents to this Form)

6. Acknowledgement

All the information provided above is true and correct to the best of my knowledge.

Signature of complainant		Date	
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7. Privacy notice

We will only use the information collected on this Form to resolve your complaint and access will only be provided to authorised officers.

8. Office use only

Complaints Officer			
Signature		Date	
Complaint lodged	<input type="checkbox"/> Telephone	<input type="checkbox"/> In person	<input type="checkbox"/> In writing
Notes			