

## Normal complaint handling procedure

### Stage 1 : Feedback Channel & Distribution Department

- Receive & log complaint
- Identify & escalate to relevant department(s)

### Stage 2 : Relevant Department(s)

- Investigate
- Prepare case chronology
- Draft response letter
- Update Feedback Channel & Distribution Department

### Stage 3 : Feedback Channel & Distribution Department

- Prepare communications to relevant parties

#### For office use only

**(COMPULSORY to be filled up by branch)**

Please stamp here

Action :  Resolved at branch

Escalate to:

#### Feedback Channel & Distribution Department

*(Formerly known as Customer Care Department)*

Level 17, Menara Bank Islam

No. 22, Jalan Perak

50450 Kuala Lumpur

Fax: 03-2782 1337

# CUSTOMER FEEDBACK FORM



Please spare a few minutes of your time to give us your feedback on our service.

Thank you



# CUSTOMER FEEDBACK FORM

Dear valued customer,

Your opinion matters to us. Therefore, Bank Islam would like your feedback or any comments you may have that will help us further enhance our products and services. Kindly fill in this feedback form and we will work towards meeting those expectations.

## 1. Contact Details

 Name : \_\_\_\_\_

 Email : \_\_\_\_\_

 IC No. : \_\_\_\_\_

 Tel. No. : \_\_\_\_\_

## 2. Type of Feedback (Please tick the appropriate box)

Suggestion       Compliment       Complaint

## 3. Products / Services (Please tick the appropriate box & \*cross where applicable)

\* ATM / CDM / CQM       Deposit Accounts       Business Banking  
 Bank Islam ATM Card       Financing       Staff  
 \* Bank Islam VISA / MASTER Card       Internet Banking       Others (Please specify) \_\_\_\_\_

## 4. Details of Feedback

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## 5. Please rate the following

	 Excellent	 Average	 Poor
Electronic Banking Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Range & Choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Fees & Charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff willingness to deliver services promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff responsiveness to customer demand/request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (if any): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. By signing this form, I/ We hereby confirm that I/ We have been made aware and understand that the information provided by me is in accordance to Bank Islam's Privacy Statement.**

We thank you for your support & always look forward to serving you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date & Time