



COMPLAINT REGISTER FORM

CUSTOMER INFORMATION

Customer's Full Name: \_\_\_\_\_ Account Number \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Contact: \_\_\_\_\_ Postal Address: \_\_\_\_\_

Email (if Applicable) \_\_\_\_\_

Please provide a brief description of your complaint

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What outcome do you expect from your complaint?

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Declaration

I/we hereby declare that the information provided is true and correct to the best of my/our knowledge.

Signature(s) of customer \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) of Customer \_\_\_\_\_ Date \_\_\_\_\_

Kindly send or lodge your completed form(s) to the address below:

The General Manager  
Unit Trust of Fiji (Management) Limited  
GPO Box 14451  
Suva.

**OFFICIAL USE ONLY**

Complaint No: \_\_\_\_\_ Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_ Received BY: \_\_\_\_\_

Medium (Phone/letter/Fax/Email/ Person)

Date Acknowledged: \_\_\_\_\_

Date complaint was resolved:

**Action Taken:**

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**Name of Staff(s) handling the complaint:**

Elizabeth Waqanisau – Team Leader Customer Relations