



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

What outcome do you expect from your complaint?

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:

Name of Staff(s) handling the complaint:

Elizabeth Waqanisau – Team Leader Customer Relations