

# Client Complaint Form

## CLIENT COMPLAINT FORM

<b>Date:</b>		<b>Complaint No.:</b>	
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### Complainant Information

<b>Title:</b>			
<b>Name:</b>			
<b>Civil ID No.:</b>		Please Attach a copy of Civil Id	
<b>Designation:</b>			
<b>Phone/Cell Phone No.:</b>			
<b>Email Adress:</b>			
<b>Client Name:</b>			
<b>Company Name:</b>			
<b>Commercial Register No.:</b>		Please Attach a copy of C.R.	
<b>Address:</b>			
<b>Fax No:</b>			

### Complaint

<b>Subject:</b>	
<b>Complanit Content:</b>	

### Complaint Supporting Documents

<input type="checkbox"/> <b>Applicable / Documents List</b>	<input type="checkbox"/> <b>Not Applicable/ No Documents</b>

### Acknowledgement

I declare that all the information provided is correct and a true reflection of reality. I undertake to bear full responsibility for any misleading statements or inaccuracies contained herein. I also declare that the subject matter of this complaint is currently not being heard at any court nor will I commence any judicial application or measure in this regard. Any rights to seek any other remedial measures are hereby relinquished should I come to a corrective agreement with the company and the company successfully acts upon its terms and conditions. I further undertake not to resubmit any complaint to the concerned regulatory authority in connection with the subject matter contained herein.

<b>Signature:</b>		<b>Date:</b>	
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**Note: The reply to the complaint shall be within 30 days from the receipt date of the complaint by the company**

## Client Complaint Form

For Official Use Only (Company Use)			
Name:			
Designation:			
Department:			
Complaint Registered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Complaint Investigation Summary:			
Action Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Action Details:			
Signature:		Date:	

### Submission

Kindly fill in the form, sign in and send it through one of the following means:

- In-person to Governance and Compliance Department in the Company.
- E-mail the form to: [governance.compliance@bdo.com.kw](mailto:governance.compliance@bdo.com.kw).
- Mail the form to: BDO Kuwait - Block 5 - Sharq - Kuwait City - Khaled Ibn Alwaleed Street - Alshaheed Tower - P.O. Box: 25578, Safat 13116 Kuwait.