Client Complaint Form

A. Client Information

- Full Name: _____
- Account Number (if applicable): _____
- Contact Number: _____
- Email Address: _____
- Preferred Method of Contact: ☐ Email ☐ Phone ☐ Mail

B. Type of Complaint

(Please select or specify) ☐ Service Issue ☐ Product Issue ☐ Transaction Error ☐ Other: _____

C. Brief Summary of the Complaint

(Provide a detailed description of the complaint) _____
_____
_____

Signature of Client: _____

For Internal Use Only

Field	Details / Tick
Complaint Received by	_____
	Signature:
Date Received	_____
Acknowledgment Sent to Client	☐ Yes ☐ No
Informed Client of Initial Action	☐ Yes ☐ No
Final Response Provided to Client	☐ Yes ☐ No
Holding Response Provided to Client	☐ Yes ☐ No ☐ N/A
Security Representative	_____
	Signature:
Compliance Officer Notified by	_____
	Signature:
Date Notified	

Investigation & Resolution

- Summary of Investigation / Actions Taken: _____
- Date of Final Response: _____
- Outcome / Resolution: _____

Client Rights

f the client is not satisfied with the Company's final response, they may refer their complaint to the **Financial Services Commission of Belize**:

- **Email:** complaints@belizefsc.org.bz
- **Website:** https://www.belizefsc.org.bz/complaints/
- **Address:** The Gian C. Gandhi Building, P. O. Box 455, 6130 Iguana Avenue, Mountain View Area, City of Belmopan, Belize