

CLIENT COMPLAINT REPORTING FORM

Please fill in the form, sign and scan it back to us at compliance@windsorbrokers.eu

Complaint Date: (DD/MM/YYYY)	
Full Name:	
Account number with the Company:	
Address of the Complainant:	
E-mail Address:	
Phone Number:	
Does your complaint involve a financial loss?	
Specify the Department and/or Employee involved (if applicable)	

Kindly provide details in relation to your Complaint: description (including date and time the incident occurred), loss/damage, suggested resolving action.

Date: _____

Client's Signature: _____

For Internal Use Only

Received on:		Assigned to:	
Received by:		Signature :	