

## CLIENT COMPLAINT REPORTING FORM

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Please fill in the form, sign and scan it back to us at [compliance@windsorbrokers.com](mailto:compliance@windsorbrokers.com)

Complaint Date: <b>(DD/MM/YYYY)</b>	
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***

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Received on:		Assigned to:	
Received by:		Signature :	