PRODUCERS BANK

A Thrift Bank

COMPLAINT FORM

Name: _____ Date: _____

Address: _____ Time: _____

Contact #: _____ Branch _____

Transaction done:

□ Deposit/Withdrawal □ Loan □ Money Transfer □ Collection/Payment of Bills / ATM Services □ Others

Instructions: In our effort to maintain excellent customer service, please let us know of any complaint/s by filling out this form.

1. What is your complaint/concern about or request to Producers Bank?

2. How do you want this complaint/concern/request be addressed?

3. Do you have other suggestions on how Producers Bank can be of best service to you?

Accomplished by:

_____

Signature Over Printed Name of Customer

Submitted to:

_____

Signature Over Printed Name of Employee In Charge