COMPASS
FINANCIAL PLANNING SIMPLIFIED

Complaint Registration Form

* Please complete in BLOCK CAPITALS and give a definite answer to each question
* Use a separate paper if the space provided for the answer is not enough

Insured Details			
Please provide contact details.			
Name of Complainant :			
Name of patient (where applicable) :			
Date of complaint			
Contact Information :	PO Box :	City :	Country :
	Tel :	Mob :	
	Email ID :		

Policy Details	
Please provide the policy detail. Please ensure correctness of the details provided.	
Policy No :	Certificate / Member No :
Policy Type :	
Insurance Company Name :	

Detail of the complaint	
Please give exact description of the complaint. If there are any documents supporting the complaint, please provide as attachments	
Description of the complaint	

For Office Use Only

Complaint Ref No :

Signature	Date	Place

***PLEASE SEND THIS FORM TO : complaints@cfsme.com