

COMPLAINT FORM

Client Information:

Name:	Account Number:
Address:	Email:

Summary of the Complaint:

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Date: _____

Signature: _____

Please enclose any evidence and relevant documentation. Submit the form to complaints@arumcapital.eu

For Internal use only:

Complaint Received by	Date:
Client acknowledged by	Date:
Initial Response	Date:
Further Acknowledgement	Date:
Final Resolution	Date:
Complaint Resolved	Date: