

THE NATIONAL INSURANCE BOARD

COMPLAINT FORM

(To be completed in duplicate)

PARTICULARS OF COMPLAINANT

NAME:.....

ADDRESS:.....

IDENTIFYING LANDMARKS:.....

N.I. No. (If Known)

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TEL. NO. ....

PARTICULARS OF EMPLOYERS:

NAME:.....

TRADING NAME:.....

TYPE OF BUSINESS:.....

ADDRESS:.....

REGISTRATION NO; (If known)

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TEL.NO. ....

(N.I. 4 to be completed if necessary)

NATURE OF COMPLAINT:

DATE:.....

TIME:.....AM/PM

SERVICE CENTRE/DEPARTMENT WHERE COMPLAINT MADE:.....

RECEIVER OF COMPLAINT:.....STATUS: .....

(Block Capitals)

**ACTION TAKEN AT SERVICE CENTRE/ DEPARTMENT:**

DATE:.....

SIGNATURE OF MANAGER:.....

DATE FORWARDED TO COMPLIANCE:..... DATE OF RECEIPT AT COMPLIANCE:.....

**ACTION TAKEN AT COMPLIANCE SERVICE DEPARTMENT:**