

STATE BANK OF INDORE - CUSTOMER COMPLAINT FORM

Customer Type	Existing SBIndore Customer <input type="checkbox"/>	Not a SBIndore Customer <input type="checkbox"/>
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NAME		ACCOUNT NO	
BRANCH		STATE	
ADDRESS			
Email			
Telephone No		Mobile No	
Product / Service about which you have complaint:			
Nature of Complaint			
Please give brief details of your complaint			

NOTE: PLEASE NOTE THAT THE FIRST POINT FOR REDRESSAL OF COMPLAINTS IS THE BANK ITSELF AND THE COMPLAINTS MAY APPROACH THE BANKING OMBUDSMAN ONLY IF THE COMPLAINT IS NOT RESOLVED WITHIN ONE MONTH