



SINDH MICROFINANCE BANK LTD  
سندھ مائیکرو فنانانس بینک لمیٹڈ

## “Complaint/Suggestion Form”

To make your experience with us satisfactory and our relationship stronger, we would appreciate your sincere opinion by filling this form. It will help us to analyze and improve ourself and to respond to your complaint/suggestions within a period of ten working days, so as to always come up to your expectations.

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Branch: \_\_\_\_\_

Email: \_\_\_\_\_

Tel/Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

How do you rate the response/behavior of the staff?

- Attentive
- Normal
- Non-Cooperative

Your Complaint/Comments/Suggestions

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