

**COMPLAINT FORM**

**SECTION A: (Information about the Complainant to be completed by person or representative of institution making the complainant)**

i. Full Name of Complainant:	
ii. Address ( <b>Not P.O. Box</b> ):	
iii. Email:	
iv. Telephone Number:	
v. Mobile Number:	

**SECTION B: (Please provide information on the Complaint)**

i. Date of the practice or transaction that is the subject of the complaint and its nature:	
ii. Details of the Institution against whom the Complaint is being made (i.e. the Respondent(s))	
iii. Please give brief details of the complaint and any prior action taken (use additional sheets where necessary necessary):	
i. Are there any documents in support of B(iii) above? Please indicate and attach	YES <input type="checkbox"/> NO <input type="checkbox"/>
ii. Date of Complaint ( <i>required for complaints delivered to NASD's office only</i> ):	

**SECTION C (For Official Use)**

Complaint received by:	
Date Received:	
Method of delivery:	In person <input type="checkbox"/> By email <input type="checkbox"/>
Results of Investigation:	
Decision reached and by which body:	

Date Complainant notified of decision:	
Complainant's reaction to action taken:	Satisfied <input data-bbox="812 220 922 273" type="checkbox"/> Dissatisfied/To appeal <input data-bbox="1323 220 1433 273" type="checkbox"/>
Name and signature of Chief Compliance Officer	..... .....

Only Complainant Forms with Section A and B duly completed will be attended to.