



CUSTOMER COMPLAIN FORM

Please fill in your details in the form below and send it for the attention of the Compliance Officer:
By email: compliance@tfiecommpay.com or by fax: +357 22 817 496

CLIENT NAME	
EMAIL	
TEL. NO.	
Include Country Code	
DATE	

Nature of Complaint: (please state full details below)

FOR INTERNAL USE ONLY

COMPLAINT RECEIVED BY	_____
INITIAL RESPONSE to CLIENTS (24H)	_____
INFORMED CLIENT of INITIAL ACTION TAKEN	_____
<input type="radio"/> YES <input type="radio"/> NO	
FINAL RESPONSE	_____
FINAL RESPONSE SENT to CLIENT	_____
<input type="radio"/> YES <input type="radio"/> NO	
FILE HANDED to C.O.	_____
<input type="radio"/> YES <input type="radio"/> NO	
SIGNATURE of C.O.	_____