



COOPBANK of QUEZON PROVINCE (CBQP)

COMPLAINT / REQUEST ACKNOWLEDGEMENT FORM

No. _____

<i>Name of Complainant/ Requester</i>	<i>Date Received</i>
<i>Address:</i>	<i>Cellphone:</i>
	<i>Email Add:</i>
<i>Nature of Complaint/ Request</i>	<i>Telephone No:</i>
<i>Details of Complaint/Request</i>	
<i>Resolution Requested:</i>	<i>Signature of Complainant/Requester</i>
<i>Received by:</i>	<i>Noted By:</i>
<i>CAO (VPO)</i>	<i>HEAD CAO (SVP)</i>
<i>Resolution Remarks:</i>	