FINANCIAL CONSUMERS PROTECTION ASSISTANCE MANAGEMENT SYSTEMS (FCMAPS) CUSTOMER FEEDBACK/COMPLAINT FORM

Privacy Disclaimer: In accordance to the R.A. 10173 or the Data Privacy Act of 2012, all information gathered like findings and corrective action will remain confidential between the responsible branch/department and the Auditor. This will be dispose accordingly after it served its purpose.

Name:_____ **Date of filing**: _____
Code No.:_____ **Ticket No**.:_____
Contact Details: **Branch/Department:** _____
Mobile number:_____ e-mail: _____
Address:_____

Mode of Complaints:
( ) Walk-in ( ) Call
( ) Online ( ) Text

Origin of Complaints:
( ) Member-Customer ( ) Employee
( ) Management ( ) Officers/BOD

Transaction in question:
( ) Savings ( ) Loans ( ) Insurance ( ) Investment
( ) Other KooPinoy Service/s_____

Type of Complaint/Feedback
( ) Process ( ) POS/Database/System ( ) Loan Term
( ) Employee/People ( ) Fraud ( ) Membership Related Concern
( ) Interest Rate/Penalty ( ) Surroundings ( ) Others: _____

Statement of Customer Feedback/Complaint

_____
_____
_____
_____
_____

(To be filled up by the CAT/CSR)

( ) New Incident ( ) Recurring

Immediate Action:

_____
_____
_____

Plan of Action:

_____
_____
_____

Follow-up:

Details of Follow-up	Date	Status	Followed-up by:	Next Follow-up
		□ Open □ Closed		
		□ Open □ Closed		
		□ Open □ Closed		

Aging (Number of Days From Date Filed to Date Closed):_____

Summary of Response:

_____
_____
_____
_____
_____
_____

Assisted / Prepared by: **Reviewed by:** **Noted by:**

_____ _____ _____