



THE H.P. STATE CO-OPERATIVE BANK LTD.

COMPLAINT FORM

1. NAME OF THE COMPLAINANT

2. FULL ADDRESS OF THE COMPLAINANT
WITH PIN CODE/PHONE NO. /FAX NO. /E-MAIL

3. COMPLAINT AGAINST (NAME AND FULL
ADDRESS OF THE BRANCH)

4. PARTICULARS OF BANK ACCOUNT

(Nature and Number of account viz. saving
Fund/Current/cash Credit/Fixed Deposit/Loan account etc. If
maintained/applicable and related to the subject matter of the
complaint)

5. BRIEF DESCRIPTION OF THE COMPLAINT

SIGNATURE OF COMPLAINANT

Kindly note that the first point for Redressal of complaint is the Bank
itself and that complainant may approach Banking Ombudsman
only if the complaint is not resolved at the Bank level within a
month.