FORMAT FOR LODGING COMPLAINTS ON FAILED ATM TRANSACTIONS

To: The Branch Manager

_____ [Name of the **Bank**]

_____ [Name of the **Branch**]*

_____ [Name of the **City**]

1.	**Customer Information:** Name of the Customer : Account No : Debit Card / ATM Card no :
2.	**ATM Information:** ATM ID : OR Location, if ID is not available : Name of the ATM Bank :
3.	**Nature of Complaint** **a) Complaint relating to Cash withdrawal:** i. Amount requested for withdrawal : Rs. ii. Amount actually disbursed at ATM : Rs. iii. Amount debited to the account : Rs. iv. Date of Transaction : / / [mm/dd/yy] v. Time of Transaction : **b) Card Capture by ATM** **c) Other complaints**
Date: / /	Signature of Card Holder Contact no: Tele / Mobile No :

* Name of the bank branch where cardholder account is maintained which is linked to ATM card