

CLIENT COMPLAINT FORM

We are committed to handling all complaints fairly, efficiently and transparently



COMPLAINT SUBMISSION DETAILS

Email: complaints@cib.co.za

Please submit this form together with any supporting documentation.

1. Complainant Details

Personal Information

Client Information	
Full Name & Surname	
ID / Registration Number	
Company Name (if applicable)	
Policy Number	
Claim Number	

Contact Information

Contact Details	
Telephone Number	
Cell Number	
Email Address	
Preferred Contact Method	☐ Email ☐ Telephone

2. Complaint Information

Date of Complaint	
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- ☐ Claims
- ☐ Service Delivery
- ☐ Premium / Finance Query
- ☐ Policy Administration
- ☐ Staff Conduct
- ☐ Other: _____

3. Complaint Summary

Please provide a detailed description of your complaint.

5. Supporting Documentation

Please indicate which documents are attached.

- ☐ Policy Schedule
- ☐ Claim Documentation
- ☐ Quotations
- ☐ Correspondence / Emails
- ☐ Photographs
- ☐ Other: _____

6. Additional Comments

Declaration

I, the undersigned, hereby declare that I have read and understood the CIB Complaints Resolution Policy and that the information provided in this complaint is true and correct to the best of my knowledge.

Signature of client: _____

Date: _____