

FEEDBACK / GRIEVANCE FORM

1) DATE _____ 2) Base Branch Name _____

3) TYPE: - FEEDBACK SUGGESTION INFORMATION COMPLAINT

4) CUSTOMER TYPE:- DOMESTIC NRI DEMAT NON-CUSTOMER

5) A/C TYPE:- SAVINGS CURRENT TERM DEPOSIT DEMAT LOAN OTHER

6) *ACCOUNT NUMBER

7) DP ID (IN CASE OF DEMAT A/C).

8) *PRODUCT SERVICE 9) *SUB-TYPE

10) *NAME OF CUSTOMER

11) *ADDRESS: _____
_____ *City: _____ *PIN _____ *STATE _____

12) *E- MAIL _____

13) *MOBILE NO +91

LANDLINE NO

14) BRIEF DETAILS OF GRIEVANCE/COMPLAINT

SIGNATURE OF THE CUSTOMER / COMPLAINANT

DATE

Please send this form duly filled in & signed to the Branch/Regional Office/Zonal Office.
The Nodal Officer of Grievance Redressal, Bank of Baroda, Head Office, Suraj Plaza-I, Sayajiganj, Baroda-390005. Alternatively, you could also lodge your complaint through our website www.bankofbaroda.com & obtain tracker-id for complaint.
(* Indicates MANDATORY field)

DECLARATION

I/We, the complainant/s herein declare that:
(A) the information furnished herein above is true and correct, and
(B) I / We have not concealed or misrepresented any fact stated in aforesaid columns and the documents submitted herewith