

	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
LAN	DLINE NO
14)	BRIEF DETAILS OF GRIEVANCE/COMPLAINT
SIGN	NATURE OF THE CUSTOMER / COMPLAINANT
DAT	
The you	se send this form duly filled in & signed to the Branch/Regional Office/Zonal Office. Nodal Officer of Grievance Redressal, Bank of Baroda, Head Office, Suraj Plaza-I, Sayajiganj, Baroda-390005. Alternatively, could also lodge your complaint through our website www.bankofbaroda.com & obtain tracker-id for complaint. Idicates MANDATORY field)
/\^/	DECLARATION
1/ VV (A)	e, the complainant/s herein declare that: 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