



# FORM PENGADUAN NASABAH

고객의견서 | CUSTOMER COMPLAINT FORM



SHINHAN BANK

Nama <i>Name</i>	<input type="text"/>	No Identitas <i>ID number</i>	Tanggal <i>Date</i>	<input type="text"/>
	Alamat <i>Address</i>			<input type="text"/>
Permasalahan <i>Complaint</i>	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
			Tanda Tangan / <i>Signature</i>	

**Diisi oleh Bank / Filled Out by Bank**

No Pengaduan <i>Cust. Complaint</i>	<input type="text" value="XXX-CCCG-DDMMYYYY"/>	No CIF & Rekening <i>CIF &amp; Account Number</i>	<input type="text"/>	
Cara Penyampaian <i>Report Method</i>	<input type="checkbox"/> Lisan <i>Oral</i>	<input type="checkbox"/> Tertulis <i>Written</i>	<input type="checkbox"/> Websites /E-Mail	Operator
Nama Petugas <i>Employee's Name</i>	<input type="text"/>		Supervisor	