

Normal complaint handling procedure

Stage 1 : Customer Care Department

- Receive & log complaint
- Identify & escalate to relevant department(s)

Stage 2 : Relevant Department(s)

- Investigate
- Prepare case chronology
- Draft response letter
- Update Customer Care Department

Stage 3 : Customer Care Department

- Prepare communications to relevant parties

For office use only

(COMPULSORY to be filled up by branch)

Please stamp here

Action : Resolved at branch

Escalate to:

CUSTOMER FEEDBACK FORM



Please spare a few minutes of your time to give us your
feedback on our service.
Thank you

Customer Care Department
(Formerly known as Feedback Channel & Distribution Department)

Level 17, Menara Bank Islam

No. 22, Jalan Perak

50450 Kuala Lumpur

Fax: 03-2782 1337

Email: customercare@bankislam.com.my



CUSTOMER FEEDBACK FORM

Dear valued customer,

Your opinion matters to us. Therefore, Bank Islam would like your feedback or any comments you may have that will help us further enhance our products and services. Kindly fill in this feedback form and we will work towards meeting those expectations.

1. Contact Details

 Name : _____

 Email : _____

 IC No. : _____

 Tel. No. : _____

2. Type of Feedback (Please tick the appropriate box)




Suggestion Compliment Complaint

3. Products / Services (Please tick the appropriate box & *cross where applicable)

* ATM / CDM / CQM Deposit Accounts Business Banking
 Bank Islam Debit / ATM Card Financing Staff
 * Bank Islam VISA / MASTER Card Internet Banking Others (Please specify) _____

4. Details of Feedback

5. Please rate the following

	 Excellent	 Average	 Poor
Electronic Banking Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Range & Choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product Fees & Charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff willingness to deliver services promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff responsiveness to customer demand/request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (if any): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. By signing this form, I/ We hereby confirm that I/ We have been made aware and understand that the information provided by me is in accordance to Bank islam's Privacy Statement.

We thank you for your support & always look forward to serving you.

Signature

Date & Time