STATE BANK OF MYSORE
HEAD OFFICE, BANGALORE-560009

COMPLAINT FORM

(FOR OFFICE USE ONLY)

Complaint No. ……..... Date ……

(TO BE FILLED UP BY THE COMPLAINANT)

The Branch Manager,
…….…….Branch

Dear Sir,

Complaint Regarding……..

1. Name and Address of the Complainant :
   Phone No. Off/Res :
   Fax No./E. Mail :

2. Particulars of Bank A/C :

3. Subject Matter of the Complaint :

4. Details of the Complaint (Please enclose separate sheet if space is not sufficient)

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Yours faithfully,

(Signature of the Complainant)

In case of necessity copy of the complaint may be sent to::

1. The Assistant General Manager, SBM, Region…….., Zone…….
1. The Deputy General Manager, SBM, …..……Zone.
2. The Chief Manager, GM(O) Secretariat, SBM, Head Office, K.G. Road Bangalore.
   Ph:22353463, Fax: 22353478, Mail : gmos@sbm.co.in

Note: Complainants can approach the Banking Ombudsman only if the complaint is not resolved at the Bank level within a month.