

Chapter Bank Limited

COMPLAINTS FORM

Reference: CB- _____
Date received: _____

Complete all fields marked * and return by email to complaints@chapterbank.com or by post to Chapter Bank Limited, Michael Douglas Boulevard, Portsmouth, Commonwealth of Dominica.
You will receive an acknowledgement within 5 working days.

1. YOUR DETAILS

Full name *

Account number

If applicable

Email address *

Phone number

Including country code

2. YOUR COMPLAINT

What is it about? *

- Account access or login
- Payment or transfer
- Card issue
- Onboarding / KYC / identity verification
- Fees or charges
- Customer service
- Data privacy
- Other

Date issue occurred *

DD / MM / YYYY

Description *

What happened? Include reference numbers, dates, and what you would like us to do.

Desired outcome

e.g. refund, explanation, apology

3. SUPPORTING DOCUMENTS

Documents enclosed

- Document 1: _____
- Document 2: _____
- Document 3: _____

4. DECLARATION

- I confirm the information above is accurate to the best of my knowledge.
- I consent to Chapter Bank processing my personal data to investigate this complaint, in accordance with the Privacy Policy.

Signature	Date
_____	_____

What happens next: Acknowledgement within 5 working days -> Investigation update within 15 working days -> Final response within 35 working days.
Not satisfied with our response? Contact the FSU Dominica at <https://fsu.gov.dm>

FOR OFFICE USE ONLY

Reference No.	Received by	Date received	Assigned to	Outcome
				<input type="checkbox"/> Upheld <input type="checkbox"/> Partial <input type="checkbox"/> Not upheld