**Grievance Escalation Form ( Nodal Officer at HO)**

To **The Nodal Officer for customer complaints,**

 **The South Indian Bank Ltd., Head Office, Mission Quarters,**

 **Thrissur 680 001**

 Name

Address

Phone

Email ID

Branch

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Your 16 digit Account Number

If you have already lodged the complaint with branch / Regional Head , please furnish the details:

**Your Complaint:**

**Place:**

**Date: Signature of the customer**