**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

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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**