



PAK-QATAR FAMILY TAKAFUL
Together for Better

Complaint Form

Plan No	<input type="text"/>	CNIC No:	<input type="text"/>
Participant Name	Last: <input type="text"/> Middle: <input type="text"/> First: <input type="text"/>	<input type="text"/>	
Telephone	Cell: <input type="text"/>	Land Line: <input type="text"/>	
Best Time to Call	<input type="text"/>		
Is the Complaint About			
<input type="checkbox"/> Branch Office Staff			
<input type="checkbox"/> Head Office Staff			
<input type="checkbox"/> Other _____ (Please Specify)			
Please Describe particulars of the person involved (If known)	Name	<input type="text"/>	
	Designation	<input type="text"/>	
	Address	<input type="text"/>	
Have You Discussed the matter with a staff member:			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
If Yes When:	<input type="text"/>		
Who Dealt With	<input type="text"/>		
What was the result	<input type="text"/>		
Please Give detail of the complaint and the outcome you are seeking (you may attach documents to this form)			
Date: _____			
Signatures: _____			
You may email this form to ifitakaful@pakqatar.com.pk or mail it to			
Manager –PBS Pak-Qatar Family Takaful Ltd. 102-105, Business Arcade PECHS Block 6 Shahrah-e-Faisal Karachi 021-111-(Takaful) 825-238			