



Plan No											CNIC No:
Participant Name	Last:	Middle:	First:								
Telephone	Cell:	Land Line:									
Best Time to Call											
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										
	Designation										
	Address										
Have You Discussed the matter with a staff member: <input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes When:											
Who Dealt With											
What was the result											
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 iftakaful@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											