

COMPLAINT FORM



CLIENT NAME _____

DATE _____

ADVISER _____

FLOWERS FINANCIAL MANAGEMENT IS COMMITTED TO EFFICIENT AND FAIR RESOLUTION OF ANY COMPLAINT RECEIVED. WE RECOGNISE THAT CLIENTS HAVE THE RIGHT TO RAISE A COMPLAINT WHERE OUR SERVICE DOES NOT MEET EXPECTATIONS. TO ASSIST US IN THE EFFECTIVE MANAGEMENT OF THE INTERNAL COMPLAINTS PROCESS, PLEASE USE THIS FORM.

DETAILS OF YOUR COMPLAINT

HAVE YOU BROUGHT THIS MATTER TO THE ATTENTION OF THE ADVISER AND/OR THE FIRM? Y / N

IF YES, WHAT WAS THEIR RESPONSE?

HOW WOULD YOU LIKE TO BE CONTACTED REGARDING RESOLUTION OF THIS MATTER

MOBILE _____ HOME _____

EMAIL _____

APPOINTMENT REQUEST Y / N DATE PREFERRED
