

	FEEDBACK / GRIEVANCE FORM
1)	DATE 2) Base Branch Name
3)	TYPE: - FEEDBACK SUGGESTION INFORMATION COMPLAINT
4)	CUSTOMER TYPE:- DOMESTIC NRI DEMAT NON-CUSTOMER
5)	A/C TYPE:- SAVINGS CURRENT TERM DEPOSIT DEMAT LOAN OTHER
6)	*ACCOUNT NUMBER
7)	DP ID (IN CASE OF DEMAT A/C).
8)	*PRODUCTSERVICE 9) *SUB-TYPE
10)	*NAME OF CUSTOMER
11)	*ADDRESS:
	*City:*PIN*STATE
12)	*E- MAIL
13)	*MOBILE NO +91
LAN	IDLINE NO DE
14)	BRIEF DETAILS OF GRIEVANCE/COMPLAINT
14)	BRIEF DETAILS OF GRIEVANCE/COMFLAINT
SIGN	NATURE OF THE CUSTOMER / COMPLAINANT
DAT	E DDMMYYYY
The N Alter	Ise send this form duly filled in & signed to the Branch/Regional Office/Zonal Office. Nodal Officer of Grievance Redressal, Bankof Baroda, Head Office, Baroda Bhavan, R C Dutt Road, Alkapuri, Baroda-390007. That ively, you could also lodge your complaint through our website www.bankofbaroda.com & obtain tracker-id for complaint. Idicates MANDATORY field)
,	DECLARATION /e, the complainant/s herein declare that:
(A) (B)	the information furnished herein above is true and correct, and I/ We have not concealed or misrepresented any fact stated in aforesaid columns and the documents submitted herewith