



Complaint Form

Mail or fax this completed complaint form with any attachments to:

Attn: Complaints Division

Answers In Law Sdn Bhd

P.O. Box 468

46200 Petaling Jaya

Selangor Darul Ehsan

Malaysia

Tel: 1800-18-19-20

Fax: 603 7955 8544

Please note:

- The Complaints Division cannot act as a court of law or as a lawyer on your behalf
- We cannot give you legal advice
- We cannot become involved in complaints where you are represented by an attorney, are in litigation, or have been litigated.

YOUR INFORMATION

Salutation: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>			Others:		
First Name:		Middle Name:		Last Name:	
Street Address:					
City:		State:		Postcode:	
Contact No. Mobile:			Contact No. Home:		
Membership No.:					
Email: _____ @ _____					
What is the best way to contact you? Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/>					
What is the best time to contact you? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>					

ADDITIONAL CONTACT INFORMATION

If you want us to communicate with someone else, such as a family member or other person representing you about this complaint, then please provide your representative's information below. If you list someone else and sign this form, you allow us to communicate with and provide relevant information that is about you to that person.

Name of Representative:					
Relationship:					
Street Address:					
City:		State:		Postcode:	
Contact No. Mobile:			Contact No. Home:		



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COMPLAINT INFORMATION

Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of paper if you need more space.

Please include COPIES of documents related to your complaint (if any) such as contracts, correspondence etc. DO NOT SEND ORIGINAL DOCUMENTS. Please be advised that the issues described in this complaint will be shared with the party in question for their response.

DESIRED RESOLUTION

What action by the party in question would resolve this matter to your satisfaction?

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

Signature:

Date: _____