Dignity Group
FAMILY FUNERAL PLAN

Email to: complaints@dignitygroup.co.za
Fax number: 086 762 1653

CUSTOMER COMPLAINT FORM

COMPLAINANT DETAILS

Complainant Name :

Surname :

ID:

Contact No :

Receiving Admin :

Date Complaint Submitted :

Policy No :

Email Address:

COMPLAINT DETAILS

NOTE

- Your complaint will be investigated and be resolved within six (6) weeks
- Attach all documents which might be of use during investigations of your complaint

Complainant Signature :

Date: d d m m y y y y