

**ATM  
Complaint  
Redressal Form**



*(Please fill in this form and drop the same in the cheque drop box)*

To,  
The Branch Manager

\_\_\_\_\_ (Name of the Bank)

\_\_\_\_\_ (Name of the Branch\*)

\_\_\_\_\_ (Name of the City)

**Customer Information:**

Name of the Customer : \_\_\_\_\_

Account No. : \_\_\_\_\_

Debit Card / ATM Card No.: \_\_\_\_\_

Contact No. : \_\_\_\_\_

**ATM Information:**

ATM ID / Location : \_\_\_\_\_

If ID is not available,  
Name of the ATM Bank : \_\_\_\_\_

**Nature of the Complaints :**

Complaint relating to cash withdrawal

Amount requested for withdrawal : Rs. \_\_\_\_\_

Amount actually disbursed at ATM : Rs. \_\_\_\_\_

Amount to the account debited : Rs. \_\_\_\_\_

Date of transaction : \_\_\_\_\_

Time of transaction : \_\_\_\_\_

Card capture by ATM : \_\_\_\_\_

Other complaints : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Customer

\*Name of the bank branch where cardholder's account is maintained which is linked to Debit/ATM card