**Your details**

You can leave below table blank if you don’t want to disclose your identity

|  |  |
| --- | --- |
| Name  |  |
| Position |  |
| Address |  |
| Contact  |  |
| Email |  |

|  |
| --- |
| 1. **What are you complaining about**

 Employee behavior [ ]  Company services [ ]  Other [ ]   1. **Do you have any Insurance With SIIC** Yes [ ]  No [ ]

 1. **Has this matter been submitted to any other agency**  Yes [ ]  No [ ]
2. **Have you referred to any SIIC agent about your** **complain** Yes [ ]  NO [ ]
3. **Are you filling this complain on behalf of someone else** Yes [ ]  NO [ ]
 |

1. **Indicate your problem Details**
2. **Did you orally complain to the company?**

**If yes please fill below form**

|  |  |
| --- | --- |
| Person Contacted/Person who responded |  |
| Date of complaint  |  |
| Date of Response |  |
| Company Response |  |
| How you complained (phone, Mail, In Person, etc.): |  |

1. **Please describe complaint in detail here,**

Briefly describe your problem in below table if you need more place you can attach more sheets with this form.

**My complaint is against:**

**Name:**

|  |
| --- |
|  |

**READ THE FOLLOWING BEFORE SIGNING BELOW:** In filling this complaint, I confirm that all information I have given is truth and I will be ready to provide support or any evidence to competent authority for this complaint

Signature Date

1. **Submission**

Please submit this from to compliance.manager@skyint.ensure info@skyint.insure or complaint box located in SIIC main office **House#547, Street 2, Qalae Fathullah, Kabul, Afghanistan** For any further support contact **+93 (0) 20 221 3646**