**KlaptonRe Complaint Form**

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| **This form should be completed by the Cedant wishing to lodge a complaint. All information must be held securely, and confidentiality must be always maintained.**  File Number: \_\_\_\_\_\_\_\_\_ | |
| Name of the person you wish to lodge a complaint against (if known): | |
| Date of Reporting: | Time of Reporting: |
| What is the complaint? (State the nature and key issue of the Complaint). | |
| Brief description of the incident or concern (State what exactly happened, trying to follow the sequence of events from start to finish. Give a description of  the ‘subject of complaint’. | |
| State what kind of a response you expect from Klapton Reinsurance Limited and how you wish to see the matter resolved? | |
| Name and Signature of Complainant:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | |
| Case referred to: | |
| Date referred: | |

Name and signature of Klapton Staff responding to the Complaints:

Name :

Signature: