



STRONGHOLD

INSURANCE COMPANY, INCORPORATED

COMPLAINT FORM

INSTRUCTIONS: Kindly use this form to report any complaint that you may have experienced on the services rendered by the company or acts or omissions committed by any of its employees, officers and/or directors. Kindly write legibly and send the duly accomplished Complaint Form to info@strongholdinsurance.com.ph together with your supporting documents and copy of your government issued identification card. The Company would like to assure the Complainant that information received in connection with this Complaint shall be treated with utmost confidentiality and shall not be disclosed to any person without the parties' prior consent. We thank you for your cooperation.

COMPLETE NAME:	
PRESENT ADDRESS:	
BIRTHDAY:	CONTACT NUMBER(S):
EMAIL ADDRESS:	COMPANY NAME:
NARRATION OF FACTS OF THE COMPLAINT:	
LIST OF SUPPORTING DOCUMENTS TO SUPPORT THE FACTS OF THE COMPLAINT (IF APPLICABLE)	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
Are you willing to execute an affidavit by reason of this complaint? If no, please explain.	

I hereby attest and confirm the truthfulness and veracity of the information stated in this Complaint Form based on my own personal knowledge and/or official records.	

Printed Name and Signature	