

# ATM Complaint Redressal Form

# DCB BANK

*(Customers may please drop the complaint form on account of failed ATM transactions at the bank branch where they maintain their account and to which their ATM card is linked)*

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 Complaint :

Complaint relating to cash withdrawal

Amount requested for withdrawal : ₹ \_\_\_\_\_

Amount actually disbursed at ATM : ₹ \_\_\_\_\_

Amount to the account debited : ₹ \_\_\_\_\_

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

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

Transaction ID : \_\_\_\_\_

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