



"It's a matter of caring..."

**Citizens
National Bank**

Member FDIC

Complaint Resolution Form

(When completed, please sign and return this form to the Bank.)

Name: _____ Account # _____

Phone: _____

Address for non-customers: _____

Nature of Complaint (If necessary use additional sheets and /or attach any documentation related to the complaint):

Date(s) the problem occurred: _____

Bank employee(s) with whom you were working:

Complainant Signature(s):

I certify that the information I have provided is a true and accurate statement. I understand that this information will be reviewed by Bank Management and that Bank Management may, as necessary, share this information with their attorney to ensure proper resolution. I also understand that the bank will generally respond within 10 business days.

Signature

Date