LIRUNEX

TRANSPARENT · SAFE · TRUSTWORTHY

COMPLAINT FORM (LFSA)

LIRUNEX

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COMPLAINT FORM

No. of the Form: _____

Client's Name: _____

Account ID: _____

Address: _____

Email: _____

Description: _____

_____

_____

Date: _____ Signature: _____

Please enclose any evidence and relevant documentation.

Submit the form via email to ***complaints@lirunex.com***

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Internal Use Only

Employee handling the complaint: _____

Position: _____

Date of Receipt: _____

Date of Response: _____

Result and Date of Final Resolution: _____