

# 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. : \_\_\_\_\_

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 : \_\_\_\_\_

Other complaints : \_\_\_\_\_

CCTV Footage Required:  Yes  No

Date: \_\_\_\_\_

## DCB Customer Care

Call 022 68997777 ■ 040 68157777

Email [customer-care@dcbbank.com](mailto:customer-care@dcbbank.com)

Web [www.dcbbank.com](http://www.dcbbank.com)

Signature of the Customer

\*Name of the bank branch where cardholder's account is maintained which is linked to Debit/ATM card