



FINANCIAL CONSUMER RELATIONS DEPARTMENT
COMPLAINT SUBMISSION FORM

The Director
Financial Consumer Relations Department (FCRD)
Central Bank of Sri Lanka (CBSL)
30, Janadhipathi Mawatha
Colombo 1
Email: fcrd@cbsl.lk
Fax : 94 11 247 7744

QR Code to
Download Form



IMPORTANT

If you have already made a complaint to the Financial Institution in question, then you may submit the complaint to FCRD only after allowing at least 30 days for the relevant financial institution to respond to your complaint and/ or the response you had received from the relevant financial institution is not acceptable to you.

Terms and Conditions:

- (i) A complaint will be accepted by FCRD for processing only if the said complaint is:
 - (a) reported to the financial institution in writing at the first instance upon initial cause of action or ground for the complaint;
 - (b) made to FCRD before the lapse of three years from the date of initial cause of action or ground for the complaint had arisen¹;
 - (c) not, under the consideration of any dispute settlement process, including, but not limited to, mediation, arbitration, under the review of financial ombudsman of Sri Lanka, ongoing legal proceedings, and/ or a decision has been made by the relevant judicial authority;
 - (d) sent by a third party on behalf of a customer with proof of proper legal authority being made to act on behalf of the complainant(s) already submitted to the financial institution; and
 - (e) related to an institution regulated by the Central Bank of Sri Lanka.
- (ii) The primary complainant may make a written request to the Director of FCRD to withdraw a complaint by providing justifiable reasons.
- (iii) The Complaint Handling Procedure at FCRD in brief is given below.
 - (a) FCRD assigns a specific Complaint Reference Number (CRN), upon receipt of a complaint and an acknowledgment is sent to the primary complainant by FCRD with the respective CRN according to the preferred mode of correspondence.
 - (b) The complaint is initially assessed by FCRD to determine whether to proceed with it.
 - (c) The so assessed complaint based on the information provided by the complainant(s) is submitted for the consideration of the relevant financial institution and/ or other department(s) of CBSL, depending on the cause of complaint.

¹ FCRD will accept complaints for a period of six months from 01.09.2021, in order to provide an opportunity for persons who have a cause of action or ground for a complaint falling within the last six years period up to 01.09.2021.

- (d) The relevant financial institution is required to provide a suitable response to the complainant in writing, directly within the stipulated time and inform FCRD of the action(s) taken to resolve the complaint.
- (e) The action(s) taken by the financial institution as informed to FCRD is reviewed by FCRD, if the primary complainant is not satisfied with the response provided by the financial institution. The primary complainant must submit the latest position of the complaint again for further consideration of FCRD, if she/he is desirous of FCRD to revisit the matter.
- (f) Thereafter, FCRD would direct the latest position of complaint along with the reviewed response with suitable comment(s) to the relevant financial institution for re-consideration to resolve the matter in concern within the stipulated time.
- (g) If the action(s) of the financial institution in question is non-compliant with the legal and regulatory requirements about the complaint, relevant competent authority is informed to initiate necessary enforcement action(s).

1. Type *: ☐ Initial Complaint ☐ Re-submission

2. Name of the Financial Institute & other details relevant to the Complaint *:

_____ Account No./Loan No./Other No.: _____

Please specify the Name of Branch/Office/Division/etc., if any.

Do not mention more than one financial institute.

3. Details of Primary Complainant:

Full Name/ Corporate Name *: _____

NIC/Driver's License/Passport No/Other Identification *: _____

Gender *: ☐ Male ☐ Female (Not Applicable for Corporate)

Postal Address *:

No: _____ Street Name: _____

City: _____ Divisional Secretariat: _____ District: _____

E-mail Address: _____

Contact Number(s) *: _____

4. Joint Account *: ☐ Yes ☐ No
(Tick One Only)

Joint Complainant *: ☐ Yes ☐ No
(Tick One Only)

Details of Joint Account Holder(s) and/or Joint Complainant(s):

	Full Name *	NIC/Other Identification *	Gender *	Contact No. *	E-mail
1.					
2.					
3.					
4.					

5. Preferred Mode of Correspondence with FCRD *: ☐ Post or ☐ Email (Tick One Only)

6. First date of complaint submitted to the Financial Institution *: DD/MM/YYYY

Please attach a copy of the Complaint made to the Financial Institution and the response received for the same cause of action or ground for the complaint, if available.

7. If Re-submission a complaint to FCRD for the same cause of action or ground for the complaint, first date of complaint submitted to FCRD DD/MM/YYYY and Complaint Reference Number (CRN): _____

8. Brief Description of Complaint *:

Use extra paper, if space is not enough and attach your complaint in detail with supporting documents, if any.

9. Brief Description of the Solution/ Relief Expected *:

Attach extra paper, if space is not enough.

10. I/We confirm that the information/ documents provided above are true and accurate and that I/we have read, understood and agree to the terms and conditions of the Financial Consumer Relations Department.

.....
Signature of Primary Complainant *

Date * :

1.....

2.....

3.....

4.....

Signatures of Joint Complainant(s)

* Required Fields.