

**For Office Use Only:**

Received by ICD

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



**COMPLAINTS FORM**

**NOTICE:**

**This form must be filled in completely. This form is only for complaints relating to a staff of the Securities Commission Malaysia (SC) in relation to the discharge of his/her functions.**

**A Your particulars**

Name :  
Address :  
IC/Passport no. :  
Telephone no. :  
Fax no. :  
Email :  
Occupation :  
Name of employer :  
Employer's address :  
Employer's telephone no. :

**B Particulars of your complaint**

Name of Officer Involved :  
Department :

**C** State your complaint(s) here in detail. Describe the events that happened and the dates on which they occurred:

**D** Do you have any documents or letters in support of your complaint?

No

Yes, I will forward them to the SC in due course

Yes, the following documents are attached with this complaints form:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_


**E** Signature :

Date of Complaint :

Please forward this form and any additional information to:

Head of Internal Compliance Department  
Securities Commission Malaysia  
No. 3 Persiaran Bukit Kiara  
Bukit Kiara  
50490 Kuala Lumpur

Telephone : 03 - 62048000

Fax : 03 - 62048110

Email : [aduan.icd@seccom.com.my](mailto:aduan.icd@seccom.com.my)