

Complaint Form

Complaint Number: _____

To be completed by Peregrine & Black
Investment Management (Bermuda) Limited

Complainant's Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

Parish

Postal Code

Home Phone:

Alternate Phone:

Email Address:

Preferred Method of Contact:

☐ Email ☐ Phone

Are you reporting this on behalf of someone else? ☐ Yes ☐ No

Complaint

Type of PBIMBL Product:

Follow Up Requested: ☐ Yes ☐ No

Name of PBIMBL Employee involved (if applicable):

Date:

Location:

Time of Incident (if applicable):

Details of Complaint

Please list events in the order they happened. Attach additional pages if needed.

Reviewing documents often helps us understand important details of your complaint. Please attach copies of letters or other documents that will help us review your complaint. Always send copies. Never send original documents.

Details of my complaint:

Notes:

- 1) You will receive written acknowledgment of receipt of your complaint within 24 hours of the complaint being received and we will provide you with a Complaint Number and the name of the PBIMBL Respondent handling your case.
- 2) If a complaint is received on any day other than a business day, or after close of business on a business day, it may be treated as received on the next business day.
- 3) The PBIMBL Respondent will research your complaint and this may involve further discussions with you.
- 4) PBIMBL will write to you with a final assessment of the complaint and we will advise you of any action we may decide to take in reference to your complaint.

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Respondent Name: _____

Last

First

Respondent Position: _____

Acknowledgement of Receipt of complaint date: ☐ Email ☐ Phone

☐ Email☐ Phone

Please list any evidence attached to this complaint (pictures, e-mail correspondence, etc.)

Response Description: _____

Respondent's Signature: _____ **Date:** _____

Date: _____

Reviewed by: _____ **Date:** _____

Date: _____

Compliance Office Name: _____ **Date Closed:** _____

Date Closed: