

DENISON STATE BANK

Customer Complaint Form

Date _____

Customer name _____ (the "Customer")

Bank location involved _____

Customer's preferred means of contact

- Phone _____
- Mailing address _____
- Email _____

Customer's preferred time of contact during business hours of 8:30 AM – 5 PM

Type of product/service the issue is related to

Nature of complaint (brief description)

Attached documents, if any

The complaint should be delivered by one of the following means

- By hand to the Customer Service department
- By mail to the attention of the Bank's Complaint Department
- By email complaint@dsbks.com

The Customer will be informed of the receipt of the complaint within 5 working days, according to the preferred time and means stipulated above. The Customer will be informed of the outcome of the investigation within 15 days.

Customer Signature