

Complaint Appeal Form

If you would like to escalate your complaint to Al Koot Grievance Committee, please complete the following details and return signed form to Al Koot Insurance or via email: complaints@alkoot-medical.com

For any assistance, please call our 24/7 Customer Care team at +974 4040 2000 or customer care@alkoot-medical.com

Full name:	
Al Koot ID:	Complaint Ref #:
Tel:	Email:

I am not satisfied with an official response received from Al Koot Insurance and Reinsurance representative and would like to escalate my complaint to the Al Koot Grievance Committee.

Please state your reasons for not accepting or not agreeing to the outcome received from our Complaints Department.

Signature: _____

Received by: _____

Date: / /

Date: / /