

Complaint Form

1. Personal information about the applicant

SURNAME / COMPANY NAME:

NAME:

PERSONAL CODE / COMPANY CODE:

ADDRESS:

PHONE NUMBER:

E-MAIL:

2. Information of the Client's / Applicant's representative

(A document confirming the right of representation must be attached)

SURNAME / COMPANY NAME:

NAME:

PERSONAL CODE / COMPANY CODE:

3. Information related to the Complaint

3.a. Full reference of the service or agreement to which the complaint relates:

3.b. Description of the complaint's subject-matter:

3.c. Date(s) of the facts that have led to the complaint:

3.d. Description of damage, loss or detriment caused (where relevant):

3.e. Other comments or relevant information (where relevant):

3.f. Complaint requirements (please state exactly what you are requesting):

Date: _____ Place: _____

List of attached documents, if any:

1. Power of attorney or other document confirming representation;
2. Copies of the service contract and related documents;
3. Copies of other documents.