

COMPLAIN FORM

Identification of complainer : *(full name)*

Adress: (District, Street,City, Telephone) _____

No. of Contract _____

Directed to : *(name of the institution to which the complain is directed)*

Identification of the complainant party: *(Name of the institution, the company that is considered to be responsible for the issue treated in the complain)*

Object of the complain : *(Action or non-action contradicted and the data of conducting the action or non-action)*

Clear explanation of the facts on which the complain is filed and if the problem is happening for the first time:

Determination of the correcting action for the unfairness or damage caused :

Documents enclosed to the complain:

(list of possible documents on which are based the pretends for the contradicted action or non-action)

1 _____
2 _____
3 _____
4 _____
5 _____

Date ____ / ____ / ____
Signature of the Complainant
(Full name and signature)