



Complaint Form

If the complainant is a natural person	
Name:	
Date of Birth:	
Number of ID:	
Nationality:	
Postal Address:	
E-mail Address:	
Phone Number:	
Mobile Phone Number:	
Profession:	
If the complainant is a legal person	
Name:	
Number of Registration:	
Registered Address:	
Country of Registration:	
Phone Number:	
Fax Number:	
Name and Capacity of the Company Representative:	
If a lawyer/third person is assigned	
Name and Capacity:	
Postal Address:	
Office Phone Number:	
Office Fax Number:	
Mobile Phone Number:	
E-mail Address:	
Institution concerned by the complaint	
Name of the institution concerned by the complaint:	
Product or service concerned by the complaint:	
Registered Address:	
Country of Registration:	
Phone Number:	
Fax Number:	
Name and Capacity of the Representative:	

Subject of the Complaint
Describe the complaint facts and dates, and specify the violation as well as the violated legal text in your opinion as complainant:



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Documents to be attached to your complaints
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| 1. Prior letter, fax, or e-mail that you have addressed to the management of the concerned institution. |
| 2. Copy of the answer from the institution (if available), and the indication of the reason why the Institution's answer is not satisfactory. (Please mention if you did not obtain an answer from the Institution). |
| 3. Copy of a document showing your capacity (Extract of Individual Civil Registry Record, ID card, Passport. A valid copy of an official document showing the capacity of the representative, if the complainant is a legal person). |
| 4. Copy of the power of attorney by the notary to the lawyer or third person. |

Signature of the Complainant or Representative