



Complaint Form

Please indicate your complete data and your complaint:

Last name:	_____	Academic degree:	_____
First name:	_____	Gender:	_____
Year of birth:	_____	Legal age: <input type="checkbox"/> yes <input type="checkbox"/> no	Social security no: _____
Address:	_____		
House no:	_____ to _____	Stairway:	_____ Door: _____
Postal code:	_____	Place:	_____
Telephone 1:	_____	Telephone 2:	_____
E-Mail:	_____	Fax:	_____

Complaint

Concern: _____

Authority concerned: _____

Complaint in detail: _____

Number of pages included: _____