

COMPLAINTS FORM

Please complete the form below if you wish to submit your complaint to the Company. In order to conduct a proper investigation and evaluation of your complaint you are advised to fill in the form with accurate information.

The Company may request further information and/or clarifications and/or evidence as regards your complaint. You may accompany the said form with any other documentation that may assist the investigation of your complaint.

Client Information	
Name:	
Surname:	
ID/Passport Number:	
Entity Name (In case client is a Legal Person)	
Authorized Person (In case client is a Legal Person)	

Client Contact Details	
Address:	
City:	
Postal Code:	
Country:	
Telephone:	
Email:	
Fax:	

Complaint Details
Date when the Complaint was created: Employee who offered the services to the Client (if applicable): Description of the Complaint (use a separate sheet if necessary):

☐ I hereby certify and confirm that to the best of my knowledge, the information furnished above is true, accurate, correct and complete.

For Official Use Only	
Received by:	
Received on:	
Assigned to:	
To Reply by:	