

## COMPLAINT FORM

Name, Surname /Company name:

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Date:

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Address:

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E-mail:

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Phone No.:

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Name and Surname of Representative, the basis of representation:

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The ground of complaint and request:

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Annexes:

1. \_\_\_\_\_
2. Power of attorney (if the complaint is provided by representative).

I wish to receive response (please choose one of the methods):

by mail;

by email.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name, Surname