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|  |  |  |
| **Call/complaint accepted by** | **Date, time** |
| **Complaint from:** | | |
|  |  |  |
| **Name, function, if applicable** | **Address, phone number, if applicable** |
| **Institution/Company**  **Complaint forwarded to: at:** | | |
| **Complaint:** | | |
|  | | |
| **Possible causes of the complaint?** | | |
|  | | |
| **Measures taken/timeframe for implementation/responsible parties** | | |
|  | | |

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| **Feedback to complainant** |
| **At: How:** |
| **Verification of the effectiveness of the measures taken** |
|  |
| **Discussed with: at:** |
| **Comments:** |