|  |  |  |
| --- | --- | --- |
|  |  |  |
| **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** |
|  |

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