

Title: Written Complaint Form

*Please fill this form and send it to CyprusOps@pagegrouppltd.com

Contact ¹details

Date: _____

Full Name: _____

Date of Birth: _____

Address: _____

Cell #: _____

Relation: _____

Please describe the complaint and grievances details here:

Please continue on a separate sheet of paper, if necessary:

Name & Signature of the Complainant:

For internal use only:

Name & Signature of Receiver:

Date:

We thank you for taking the time to bring your complaint to our attention. We will investigate your complaint and provide feedback and detail of the corrective and preventive action will be provided to you accordingly within in the specified working days, per prioritization category.

In case you are not satisfied with the outcome of the complaint investigation and the corrective and/or preventive action, you may contact the relevant competent Authority through, if required by Law to do so.

Email:

Phone

Website:

¹ You may choose to file a complaint anonymously, or specify that your name and other details should be mentioned internally or externally



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