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Title: Written Complaint Form
*Please fill this form and send it to CyprusOps@pagegroupltd.com
Contract Interests
Contact ¹ details
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:
- Transfer of Tran
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.
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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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