

Complaint Form To the Office of the Greek Ombudsman (submitted free of charge)

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	(Please fill out in capital letters)				
	Family name:	First name:			
	Father's name:				
	Address:				
	Postal Code:	City:			
	Identity card or passport number:				
	Telephone:	FAX:	e-mail:		
3.	Brief description of the problem (Please use blue or black ink and write clearly, explaining your problem briefly and accurately. It is important to provide supporting information such as, for example, the precise date and the circumstances under which the problem arose, how you would like the issue resolved, if you have brought your concerns to the attention of the service involved, if you have received any answer, if you have raised objections or submitted are appeal, or if your case is pending before the courts.)				



Supporting	documentation attached:		
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Date

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Signature