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| **COMPLAINT AND APPEAL FORM***ŞİKAYET VE İTİRAZ FORMU* |

**1. INFORMATION ABOUT THE COMPLAINANT/APPELLANT** *(ŞİKAYET/İTİRAZ SAHİBİNE AİT BİLGİLER)*

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| **Full Name:***(Adı ve Soyadı)* |  | **Date:***(Tarih)* |  |
| **Organization Name:***(Kuruluş Adı)* |  |
| **Title:***(Unvanı)* |  |
| **Address:***(Adresi)* |  |
| **Phone:** *Telefon:* |  | **Fax No:** |  |
| **E-Mail:** |  | **Website:** |  |
| **Signature:***(İmza)* |  |

**2. SUBJECT OF THE COMPLAINT OR APPEAL** *(ŞİKAYET VEYA İTİRAZ KONUSU)*

Use additional pages if necessary. Attach any supporting information and documents that provide evidence for your complaint/appeal. *(Gerekli ise ek sayfa kullanınız. Şikayet/itirazınızı destekler ve kanıtlar bilgiler ve belgeler**var ise forma ekleyiniz.)*

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| **THIS SECTION WILL BE COMPLETED BY TR-ANB***BU BÖLÜM TR-ANB TARAFINDAN DOLDURULACAKTIR* |
| **TR-ANB Representative Receiving the Complaint/Appeal Complaint/Appeal Number:****Full Name:****Date:****Signature:** |
| **EVALUATION AND CONCLUSION** |
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