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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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