

Complaint form

(Print, complete and send)

Please, mention your identity and contact data:

** always fill in*

First Name*:	<input type="text"/>
Surname*: (for ladies own surname)	<input type="text"/>
Address*:	<input type="text"/>
Postal code*:	<input type="text"/>
City*:	<input type="text"/>
Country*:	<input type="text"/>
Phone number at work:	<input type="text"/>
Private phone number:	<input type="text"/>
Fax:	<input type="text"/>
E-mail:	<input type="text"/>

Do you want to submit a complaint on behalf of somebody else?

Please, first print the mandate form, fill it in, let it sign by the mandating person and send it back to the Office of the Pensions Ombudsman.

Please, mention your identity data at the Pensions Office concerned:

** always fill in*

Name of the Pensions Office*:	<input type="text"/>
Your pension's number: (You will find it in each letter from the Pensions Office)	<input type="text"/>
Your national number: (You will find it on your identity card)	<input type="text"/>
Your birth date*:	<input type="text"/>

Please, give a detailed description of your problem

1. About which kind(s) of pension(s) do you want to submit a complaint?

- Retirement pension
- Survivor's pension
- Pension for physical unfitness (civil servants)
- Old-age annuity
- Widow's annuity
- Income guarantee for the elderly
- Other pension – Which one?

2. About which procedure do you want to submit a complaint?

3. About which decision do you want to submit a complaint?

4. What are the grounds for the complaint?

5. Did you try to resolve the problem with the concerned Pensions Office(s)?

- By phone
- By letter
- On the spot

What answer did you get from the Pensions Office(s)?

6. Did you go to court for an administrative or legal proceeding (mark with a cross)?

- Yes
- No

If yes: at which date?

To which court?

Is a judgement passed?

- Yes
- No

7. Do you have other remarks or comments?