

Complaint Form

Please send the Complaint Form to the following E-mail address: kundenservice@deltex.de

APPEAL NUMBER: (NR./YYYY)

FROM:

First and last name _____

Job title _____

Date _____

CATEGORY **DESCRIPTION (PLEASE PROVIDE A DETAILED DESCRIPTION):**

Human Rights _____

Contractual Rights _____

Employee Rights _____

Customary Rights _____

Discrimination _____

Others _____

TO BE FILLED IN BY THE ADMINISTRATION:

RECEIVED BY:

First and last name _____

Job title _____

Date and Signature _____