COMPLAINTS FORM

Address: Name Subject(s) of a Complaint: E-mail: Telephone number: Mobile phone number: Complaint:	Name Complainant(s):	
Complaint: E-mail: Telephone number: Mobile phone number:	Address:	
Telephone number: Mobile phone number:	Name Subject(s) of a Complaint:	
Mobile phone number:	E-mail:	
	Telephone number:	
Complaint:	Mobile phone number:	
Complaint:		
	Complaint:	
Signed at:	Signed at:	
Date:	Date:	
Signature:	Signature:	

Please send dated and signed Complaints Form to:

DLA Piper Attn. Complaints Officer P.O. Box 75258 1070 AG Amsterdam

Or e-mail to: ComplaintsOfficer@dlapiper.com