

TO **DANOS** COMPANY

15 Vouliagmenis Ave.

116 36 ATHENS, GREECE

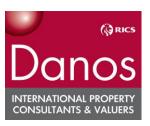
Tel. +30 210 7 567 567, Fax. +30 210 7 567 267

E-mail: office@danos.gr, www.danos.gr

COMPLAINT FORM

PERSONAL DETAILS OF COMPLAINANT (Please write in Capital LETTERS)		
SURNAME:		
FIRST NAME:		
ADDRESS: STREET:	NUMBER: CITY:	POSTAL CODE: ———
PHONE NUMBER:	FAX:	E-MAIL:
OFFICE / SERVICE YOUR COMPLAINT CONCERNS		
HAVE YOU ALREADY COMPLAINED (Please tick the appropriate box)	TO THE PERSON IN CHARGE C	OF THE OFFICE/ SERVICE?
FULL NAME OF THE PERSON YOU	YES HAVE ADDRESSED TO:	NO
PROTECTION OF PERSONAL DATA		
We inform you that your personal complaint from Danos customer se		the investigation of your





Please give a brief summary of you has been previously filed with our of separate sheet.		
	Date	Sign

