

# COMPLAINT FORM

First name:

Last name:

E-mail:

Phone number:

- Representative of partner organisation
- Donor organisation
- Other

## Confidentiality

Would you like us to treat your case confidentially, i.e. a very limited number of people will handle your case?

- Yes
- No

## Event/s

Kindly describe the date, place, causes, event and people involved, providing as many details as possible, as well as the consequences of what happened.

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Measures to take and expectations

In order to establish what has happened, it is sometimes necessary to receive more information or to investigate the matter further.

What kind of investigation would you recommend us to conduct?

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

According to you, how could what has been described above be prevented or dealt with?

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kindly explain your expectations following this complaint.

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send this complaint form to: [leif.newman@pmu.se](mailto:leif.newman@pmu.se) or,**

Leif Newman  
Box 151 44  
167 15 Bromma  
Sweden