

Complaint Form

Ref. No. _____

Names

Note: You can remain anonymous if you prefer, or to request not to disclose your identity to any third party without your consent

Name: _____

Family name: _____

- I would like to submit my complaint anonymously
 I want my identity not to be **disclosed** without my consent
-

Contact Information:

Please indicate how you would like we to contact you (email, phone, e-mail)

- By mail: Please indicate address for contact:

- By phone: _____
 By e-mail: _____
-

Preferred language for correspondence:

- Bulgarian language
 English language
-

Description of the incident or complaint:

What happened? Where did it happen? Who did this? What are the consequences of the problem?

Date of the incident / complaint:

- Single incident / complaint (Date _____)
 Happened more than once (how many time _____)
 Continuing (the problem is available at present)
-

What would you like to happen to resolve the problem?

Signature: _____

Date: _____

When you fill in this Form, please send it by e-mail at info@sofiamed.com, or by mail at the following address: Bulgaria, Sofia 1528, Gara Iskar, 4, "Dimitar Peshev" or by fax: +359 2 9606 393.