

COMPLAINT FILING FORM

* Fields marked with an asterisk are required.

1. PERSON REPORTING THE FACTS	
Name and surnames	
Contact email *	
Contact phone number	
Category and shift	

2. DETAILS OF THE REPORTED PERSON	
Name and surnames *	
Contact email	
Contact phone number	
Category	

3. REASON FOR COMPLAINT	
Description of the reason for the complaint *	

4. DESCRIPTION OF THE FACTS

Inform of the events reported, indicating dates and places (in as much detail as possible) *

5. WITNESSES

If there are witnesses, indicate their names and surnames

6. DOCUMENTATION

Attach documents if you have documentation that provides evidences

7. ACCEPTANCE OF THE RULES OF USE AND DECLARATION OF GOOD FAITH

- I request the complaint to be presented and the corresponding internal procedure to be initiated *.
- I declare to know the rules of use of the complaints channel as well as I have been informed of the way in which personal data will be treated *.
- I declare to make this communication in good faith and on the basis of the facts known to me. *.

Send this form to: canaldedenuncias@imim.es