



Complaint Form

PLEASE SEND THE COMPLETED FORM TO segnalazioni@avrgroup.it

Complainant

(Name) _____ (Surname) _____ (Phone) _____ (e-mail) _____

☐ Customer ☐ Supplier ☐ Other (specify) _____

I am reporting the following on behalf of:

☐ Myself☐ Another Person/Company (Name/Company Name) _____ (Surname) _____

(Tax Code/VAT No.) _____ (attach authorization)

Subject of the Complaint

Date and time of the event: _____

Place of the event: _____

Location and Business Function Involved: _____

Service/Product (Contract/Supply references): _____

Staff involved (if any): _____

Description of the Event

Final remarks (requests/suggestions)

(attach any relevant documents)

(Place, date) _____

Signature _____

By signing this form, the complainant declares to have read and understood the privacy policy available at <https://www.avrgroup.it/privacy-e-cookie-policy> and gives consent to the processing of their personal data for the purposes stated therein (if consent is not given, the request cannot be processed).