

Complaint Commission

Complaint Commission - F.C.C.A.

Date *Day* *Month* *Year*

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Form Number

[e-mail: klachtencommissiefcca@hotmail.com](mailto:klachtencommissiefcca@hotmail.com)

<p>Customer Name <input style="width: 100%; height: 20px;" type="text"/></p> <p>Customer Last name <input style="width: 100%; height: 20px;" type="text"/></p> <p>Customer Identification <input style="width: 100%; height: 20px;" type="text"/></p> <p>Customer identification <input style="width: 100%; height: 20px;" type="text"/></p> <p>Is it an FCCA residence <input type="checkbox"/> yes <input type="checkbox"/> No</p>	<p>6. Your complaint has connection</p> <p><input type="checkbox"/> Services</p> <p><input type="checkbox"/> Work process FCCA</p> <p><input type="checkbox"/> Failure to commit with appointments</p> <p><input type="checkbox"/> Waiting period <input type="checkbox"/> Building</p> <p><input type="checkbox"/> Guidance <input type="checkbox"/> Sum of Financial aid</p> <p><input type="checkbox"/> Expulsion/Auction <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Legal procedure <input style="width: 100%; height: 50px;" type="text"/></p> <p><input type="checkbox"/> Rental Price</p> <p><input type="checkbox"/> Motgage sum</p>				
<p>1. Did you make complaint before by the FCCA?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. How many times? <input style="width: 50px; height: 20px;" type="text"/></p> <p>3. Date last complaint <i>Day</i> <i>Month</i> <i>Year</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> </table> <p>4. Did you make complaint before?</p> <p><input type="checkbox"/> Personally <input type="checkbox"/> E-mail</p> <p><input type="checkbox"/> Telephone <input type="checkbox"/> Rounds man</p> <p><input type="checkbox"/> In writing <input type="checkbox"/> Department of the Minister</p>					<p>7. Attach to this complaint, do you have a copy of the original complain? Yes/No</p> <p><input type="checkbox"/> Complaint</p> <p><input type="checkbox"/> Declaration</p> <p><input type="checkbox"/> Other attachment <input style="width: 100%; height: 30px;" type="text"/></p>
<p>5. On which aspect of the FCCA is your complaint?</p> <p><input type="checkbox"/> Registration <input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Housing exchange <input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Allocation <input type="checkbox"/> Financial aid</p> <p><input type="checkbox"/> Collection <input type="checkbox"/> Neighborhood nuisance</p> <p><input type="checkbox"/> Maintenance/Renovation <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Construction <input style="width: 100%; height: 20px;" type="text"/></p>	<p>8. Grounds of your complaint(Description)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
<p>9. Which results do you expect?</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>					

Signature