

Complaint form

We request that you complete this form as completely as possible. We will treat your complaint with care and confidentially. For the course of the procedure, we refer to the complaints procedure.

The completed form can be sent by post to BESgroep Accountants & belastingadviseurs B.V. Attn. R.A.M. Reiniers AA of Mr. W.H. Jacobs AA Groesbeekseweg 2, 6581 BH Malden or by email to rob.reiniers@besgroep.nl or michel.jacobs@besgroep.nl.

Client name (organization)	
Contact	
Address	
Zip code / City	
Phone number	
Email address	

We ask you to describe your complaint below and to indicate specifically when the problem occurred and which people were involved.

--

Have you made the complaint known before and if yes, with whom?

Date	
Name	

The undersigned declares to have done the report in good faith and to express sincere, well-founded care with it.

Date	
Signature	