



CONSUMER COMPLAINT FORM

INFORMATION ABOUT YOUR COMPLAINT	
Have you already contacted the trader about your complaint and tried an out-of-court amicable settlement?*	<p>YES/NO [delete as appropriate]</p> <p>*You are advised to first contact the trader seeking an amicable solution to the problem you are faced with. You can find more information on your consumer rights in our website. If your effort to find an amicable solution to your problem is unsuccessful then you can submit your complaint using this form.</p>
Which good or service did you buy?*	
When did you buy the good/service?*	
How much did you pay in euros?*	
What is the type of the complaint?*	<p>DEFECTIVE/CAUSED DAMAGE NOT IN CONFORMITY WITH ORDER DELIVERY INVOICE/BILLING WARRANTY/GUARANTEE OTHER [delete as appropriate]</p>

Please describe your complaint in detail: [use an extra sheet if necessary]*	
Date of the facts that generated the dispute*	
Reference of the contract or purchase transaction, e.g. number of insurance policy or invoice number* (if possible, please enclose a copy of the contract or receipt/invoice)	
Date you complained to the trader* (if possible, please enclose a copy of your message to the trader)	
Date of trader's last response* (if possible, please enclose a copy of the response)	
Have you taken the other party to court over your complaint?*	YES/NO [delete as appropriate]
If yes, please provide relevant details:	
Have you tried any other ADR method other than amicable settlement?*	NO CONCILIATION ARBITRATION EXPERT DETERMINATION OTHER [delete as appropriate]
What are you asking for?	
What is your preferred ADR method?	CONCILIATION/ARBITRATION [delete as appropriate]

TRADER DETAILS

Trader's full name:*

Type of business (e.g. bank, retail store etc.):*

Was this an online purchase?

YES

NO

[delete as appropriate]

Website (if online purchase) or the full address of the office/store you dealt with (if physical purchase):*

The telephone number of the office/store you dealt with (is applicable):

The email address of the trader or of the office/store you dealt with (optional):

PERSONAL INFORMATION

The country you live in:*

Your name(s):*

Your surname:*

Your ID/Passport No:*

Your nationality:*

Your full contact address:*

Your email address:*

Your daytime telephone number:*	
Your preferred method of communication:*	EMAIL POST [delete as appropriate]
Your preferred language of communication:*	ENGLISH GREEK [delete as appropriate]
Is somebody representing you over the complaint?*	YES NO [delete as appropriate]
If yes, please provide the following details of the person representing you: name, surname, address, telephone number, email address and preferred language of communication between Greek and English.	
Have you read and agree to be bound by ICLAIM's terms and rules of operation available on our website?*	YES/NO [delete as appropriate]
Signature	Date

Important Note

You must also make a submission fee payment of 10 euros (non-refundable) in the bank account below for your complaint to be processed by ICLAIM. Until your payment is received and clears, ICLAIM cannot start processing your complaint.

IBAN: CY20 0070 4430 0000 0000 4006 3937