

MIBACT - MINISTRY OF CULTURAL HERITAGE AND ACTIVITIES AND TOURISM - ITALY

Isontina State Library

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COMPLAINT FORM

(PLEASE COMPLETE IN CAPITAL LETTERS)

COMPLAINT SUBMITTED BY:

SURNAME _____
NAME _____
BORN IN _____ COUNTRY. _____ DATE _____
RESIDENT _____ COUNTRY. _____
STREET _____
TELEPHONE _____ FAX _____ EMAIL _____

SUBJECT OF THE CLAIM

Reason for rejection:

REQUESTS FOR IMPROVEMENT OF SERVICES

We inform you, pursuant to art. 13 of Legislative Decree no. 30/06/2003 n° 196, that personal data will be processed and used exclusively for the purpose of responding to this complaint and to provide information on cultural events organized by this Institute.

DATE _____ **SIGNATURE** _____

At present complaint will be answered within 30 days.