

# MINISTERO DELLA CULTURA

Biblioteca Statale Isontina di Gorizia

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## COMPLAINT FORM (PLEASE COMPLETE IN CAPITAL LETTERS)

COMPLAINT SUBMITTED BY:

SURNAME \_\_\_\_\_  
NAME \_\_\_\_\_  
BORN IN \_\_\_\_\_ COUNTRY \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENT \_\_\_\_\_ COUNTRY \_\_\_\_\_  
STREET \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SUBJECT OF THE CLAIM

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR THE CLAIM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTS FOR SERVICE IMPROVEMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to Article 13 of the European Regulation (EU) 2016/679, please be informed that personal data will be processed and used exclusively for the purpose of responding to this complaint and for providing information regarding cultural events organized by this institution.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**At present complaint will be answered within 30 days.**