

**COMPLAINT FORM**

BETA ΑΧΕΠΕΥ  
29 Alexandras Av., 11473, Athens

Protocol Number: \_\_\_\_\_

**Customer Information**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Investment Account: \_\_\_\_\_

**Describe the problem you encountered:**

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

Athens, \_\_/\_\_/\_\_\_\_

\_\_\_\_\_  
(Customer's Signature)

Employee who received the form: \_\_\_\_\_

employee who investigated the complaint: \_\_\_\_\_

Date: \_\_\_\_\_

Conclusions / Actions: \_\_\_\_\_

\_\_\_\_\_