FORM D

INTERNAL COMPLAINT

For Departmental Use

Reference number\*: Request received by \*

 

(state position, name, surname, unit and contact details of receiving officer below) Position of receiving officer:



Officer's first name \* Last name \*:

 

Phone Number\*: Email address:

  

Address:



Signature of receiving officer:: 

**A. Information about the request**

1. Reference number of the request. 2. Name of the public authority

 

3. Date of request was received Name of the receiving officer.

 

4. Address provided for delivery of information



5. Short description of the information sought



**B. The decision being appealed against**

Mark the appropriate box with an X.:

he request was refused in whole or in part for any reason

The request was not processed in accordance with the established limits

Excessive fees were charged

The preferred form for access was not respected

Insufficient notice was provided

Any other issue

**C. Nature of the complaint**

l. The facts on which the complaint is based



2. The substance of the complaint



Note: Note: Please download and complete this form and send by email to the appropriate authority or recipient and copy RAIC: foi-form@raic.gov.sl