

## Complaint form

Print, complete and fax (+32/2/274 19 99)

*Please, mention your identity and contact data:*

*\* always fill in*

First Name*:	<input type="text"/>
Surname*: (for ladies own surname)	<input type="text"/>
Address*:	<input type="text"/>
Postal code*:	<input type="text"/>
City*:	<input type="text"/>
Country*:	<input type="text"/>
Phone number at work:	<input type="text"/>
Private phone number:	<input type="text"/>
Fax:	<input type="text"/>
E-mail:	<input type="text"/>

*Do you want to submit a complaint on behalf of somebody else?*

Please, first print [the mandate form](#), fill it in, let it sign by the mandating person and send it back to the Office of the Pensions Ombudsman.

*Please, mention your identity data at the Pensions Office concerned:*

*\* always fill in*

Name of the Pensions Office*:	<input type="text"/>
Your pension's number: (You will find it in each letter from the Pensions Office)	<input type="text"/>
Your national number: (You will find it on your identity card)	<input type="text"/>
Your birth date*:	<input type="text"/>

*Please, give a detailed description of your problem*

**1. About which kind(s) of pension(s) do you want**

- Retirement pension
- Survivor's pension
- Pension for physical unfitness (civil servants)
- Old-age annuity
- Widow's annuity
- Income guarantee for the elderly
- Other pension – Which one?

**2. About which procedure do you want to submit a complaint?**

**3. About which decision do you want to submit a complaint?**

**4. What are the grounds for the complaint?**

**5. Did you try to resolve the problem with the concerned Pensions Office(s)?**

- By phone
- By letter
- On the spot

**What answer did you get from the Pensions Office(s)?**

**6. Did you go to court for an administrative or legal proceeding (mark with a cross)?**

- Yes
- No

If yes: at which date?

To which court?

Is a judgement passed?

- Yes
- No

**7. Do you have other remarks or comments?**