

Complaint form National Ombudsman

Date:

Your personal details

Last name:

Initials:

Male / Female*

Address:

City:

Country:

Phone number:

E-mail:

I have / have not* phoned the National Ombudsman previously about my complaint.

(* Please strike out what does not apply.)

Your problem

Describe the problem briefly in your own words. Please be sure to answer the following questions:

- What do you think the local government, the Rijksdienst Caribisch Nederland, the police or the Public Prosecutor's Office are not doing well?

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- What actions have you taken regarding your complaint?

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- What would you like to achieve by calling in the National Ombudsman?

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