|  |
| --- |
| **REPUBLIC OF TÜRKİYE****HALAL ACCREDITATION AGENCY****COMPLAINT NOTIFICATION FORM** |
| **Registration No: *To be filled out by HAK personnel*** |
| **Information on the Complainant:****Name (Surname):****ID Number (Passport Number):****Contact Address:****Contact Number:****E-mail:****Signature and Date:****Information on the Organization Represented by the Complainant (if any):****Organization’s Full Name:****Head Office:****Contact Address:****Contact Number:** |
| **DESCRIPTION OF THE COMPLAINT:** |
| **HAK Official Recording the Complaint:****Name and Surname: Title:****Date of Record: Signature:** |
| ***\*The complainant must fill out this form completely and send it with a wet signature to HAK’s official correspondence address by post: Mustafa Kemal Mahallesi 2120. Cadde No:12, 06530 Çankaya / ANKARA*** |