|  |
| --- |
| **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*** |