



The Institution of Human Rights Ombudsman of Bosnia and Herzegovina

COMPLAINT

PERSONAL DATA of the complainant:

- NAME _____
- SURNAME _____
- OCCUPATION _____ DATE OF BIRTH _____
- ADDRESS _____
- STATE, MUNICIPALITY AND TOWN _____
- PHONE/FAX/E-mail _____
- ETHNIC ORIGIN (*not mandatory*) _____ GENDER _____

DATA ON LEGAL COUNSEL OR CONTACT PERSON, IF ANY:

- NAME _____
- SURNAME _____
- ADDRESS _____
- PHONE _____
- FAX/E-mail _____

DATA ON AUTHORITY BODY COMPLAINED OF:

- Name of the body _____
- Seat of the body _____

- REFERENCE NUMBER assigned to your case should the proceedings be ongoing: _____
- Name and surname of the official complained of: _____

In case you have any trouble to fill-in the form, you can ask the Ombudsman's staff members to assist you.

