



The Institution of Human Rights Ombudsman of Bosnia and Herzegovina

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## 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.*

