

## COMPLAINT FORM FOR EBRC

Contract/Order ID:  
Client Account Name:

### Complaint issued by

Name:	Job Title:
Company:	e-mail:
Phone number:	Fax:

Date of non-compliance:		
SLA Breach:	Yes	No
Attached file:	Yes	No
	Number:	

Have you informally reported your complaint? If yes, to whom?	Yes	No
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### Service(s) concerned

Trusted DataCentre Services (TDS)	Trusted Resilience Services (TRS)
Trusted Cloud Europe (TCE)	Trusted Advisory Services (TAS)
Trusted Managed Services (TMS)	Trusted Security Europe (SOC)

Department: Client Management	Engineer/Technician/Consultant
Account	Client Care Centre (CCC)
Management	Other

### Please describe herebelow all relevant information regarding your complaint

Date: Signature:
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