

## COMPLAINT FORM — VILLA VITA NOVA B.V.

For clients and their representatives

### 1. Client Details

Client name:

Date of birth:

Address:

Postal code and city:

Telephone number:

E-mail address:

Are you the client yourself?                      Yes                      No

If no, I am submitting the complaint as:

Legal representative

Authorized representative (written authorization attached)

Name of representative (if applicable):

### 2. Complaint Details

Date on which the incident occurred:

Date of submission of this form:

Your complaint concerns (multiple options possible):

Conduct or communication

Treatment or guidance

Organization or administration

Privacy or data processing

Facilities / accommodation / safety

Other:

### 3. Description of the Complaint

Please describe as clearly as possible what occurred (attach extra pages if needed):

**4. Staff Member(s) Involved (if applicable)**

**5. Have any prior steps been taken to resolve this issue?**

Yes                  No

If yes, please describe the steps taken and the outcome:

**6. What outcome or solution do you expect?**

**7. Attachments**

Do you have relevant documents related to your complaint?

Yes                  No

If yes, please specify (e.g., correspondence, agreements, copies of messages):

**8. Declaration and Signature**

By submitting this form, I declare that:

- the information provided is accurate and complete;
- I understand that my complaint will be handled confidentially;
- Villa Vita Nova B.V. may process my personal data for handling this complaint in accordance with the Privacy Policy.

Name:

Date:

Signature: