



SWIPO AISBL Complaint Form – November 2020

This Form must be used, and completed in full, in order to submit a formal Complaint to SWIPO AISBL pursuant to the SWIPO AISBL Complaint Procedures set forth in ‘SWIPO AISBL Complaints and Appeals Procedures of 23 November 2020’ which is downloadable from <https://swipo.eu/download-section/>

Completed Forms must be submitted to the SWIPO AISBL Complaints Body Secretariat. Please note that Complaints and related information generally are considered to be highly confidential and/or contain highly confidential information and must be treated accordingly.

Contact Information for the Complainant:

Company name: _____

Legal entity: _____

Authorized representative’s name and title, and your role in the company: _____

Company address: _____

Your work telephone number: _____

Your work email address: _____

Background Information and Documentation Pursuant to items (1) to (7) of Complaint Procedure:

- ✓ Identify the relevant Cloud Services Provider (CSP): _____
- ✓ Identify the relevant Declaration(s) of Adherence that is/are on file at SWIPO, and provide the primary CSP contact information with knowledge of the circumstances underlying your complaint:

- ✓ Identify (a) which SWIPO Code(s) and (b) which services or elements of the services offered by the CSP are relevant to your complaint: _____
- ✓ Describe why you believe that the CSP did not comply with the relevant Code and/or transparency statement: _____
- ✓ Describe your efforts to resolve any points of confusion or disagreement with the CSP regarding the CSP’s relevant transparency statement and the CSP’s related services (include dates and documentation available): _____

SWIPO AISBL
Avenue de Tervueren, 188 A Postbox 4 • 1150 Brussels, Belgium
Tel: +32 2 761 16 55 • E-mail: contact@swipo.eu
VAT: BE 0755.858.840
Transparency register number: 861025339060-67
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- ✓ Did you notify the CSP in writing of your intent to submit a complaint to SWIPO? Yes/No: _____
If YES, did you observe the 2-weeks period (ref. (5), (6) and (7) of SWIPO AISBL Complaints Procedures?
(Include dates and documentation available): _____
- ✓ Is there any other relevant information that you would like to provide? _____

Please tick boxes, fill out, and sign below:

- I made myself familiar with SWIPO AISBL Complaints and Appeals Procedures of 1 September 2020.
- I agree that the complaint, and related statements and attachments, contain highly confidential information and must be treated by the undersigned and the company accordingly (point (12) of SWIPO AISBL Complaint Procedures).
- I am the authorized representative of the company (____) or legal entity (____) submitting this form.

Date (dd/mm/yy): _____ Place: _____

Name [Type or Print]: _____

Signature: _____