**Complaint form**

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| --- | --- |
| Project Title |  |
| Application number |  |

|  |  |
| --- | --- |
| Name of the lead partner institution in English |  |
| Name of the legally authorised person |  |
| Position in the institution |  |
| Address |  |
| Telephone |  |
| E-mail |  |

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| --- |
| **Details of complaint:**  (clearly justified reasons of the complaint e.g. failures that have happened during the assessment of the project and references to the Programme Manual and the Application Pack) |

Signature of the lead partner

*(or the authorised person to lodge the complaint)*

*(the stamp if applicable)*

|  |
| --- |
| *(This part is filled in by the Joint Secretariat and/or Managing Authority)*  **Results of the examination of the complaint:**  Date of the receipt of the complaint:  Complaint is considered justified:  **YES**  **NO**  Short justification of the results of the examination:  Date of informing the lead partner on the results of the examination of the complaint:  *(To be filled in if the complaint is considered justified)*  Date of the decision of the Monitoring Committee:  The decision of the Monitoring Committee is positive:  **YES**   **NO**  Date of informing the lead partner on the decision of the Monitoring Committee: |

Signature of the Head of the Joint Secretariat

*(the stamp if applicable)*