



Complaints about
our services?



Belgian Institute for Postal Services
and Telecommunications

COMPLAINT FORM

Identification *(All fields are mandatory.)*

Speakttitle : Mr. Ms.

Last name : First name :

Street : Number :

Zip code : Place :

Private phone no./Mobile :

E-mail address : Date : *(DD/MM/YYYY)*

To accelerate the processing of your complaint, please provide all necessary references that you might have.

Your complaint

Attention: Save the changes in this form via the menu File - Save before you send it.