

COMPLAINT REGARDING DEBT COLLECTION ACTIVITIES

Creditor or debt collection agency	Name	
	Mailing address	Postal code and post office
Basis for complaint	Total amount charged	
	Case number in the creditor's / debt collection agency's record	
	Date when the fault was noticed	
	Description of the fault	
Claim	<input type="checkbox"/> I demand reimbursement of the collection fee of EUR _____, because I consider it unfounded	
	<input type="checkbox"/> I demand reimbursement of the collection fee of EUR _____, because I consider it to be unreasonably high	
	In addition, I demand compensation for the following expenses in connection with clearing up the matter: _____ EUR for telephone expenses _____ EUR for other expenses, specify _____ _____ EUR for the total expenses incurred	
Complaint filed by	Name	
	Mailing address	Postal code and post office
	Phone	E-mail
	Your bank account information for compensation/ reimbursement to be deposited	
Date	Date and place	

I am awaiting your written response within two weeks of the date of this letter.