NOBOMED	COMPLAINT SHEET	E-03-C1 issued: 2026.06.08. version: 01

To be filled by NoBoMed!	
Complaint ID:	
Date of complaint filing:	

Complainant's information	
Name of the complainant:	
Position of the complainant:	
Name of the organization filing the complaint:	
If applicable, details of the legal representative:	

Description of the complaint	
Subject of the complaint:	
Detailed description of the complaint:	
Reason for the complaint:	
Date the complaint was filed:	