Page Protective Services LTD	COMPLAINT FORM		
CODE	ISSUE	APPROVED DATE	APPROVAL/ PAGE
E3.0	**1st**	**03.08.2026**	GENERAL MANAGER / 1 ΑΠΟ 3

*Please fill this form and send it to CyprusOps@pagegroupltd.com and Cc: CEO email address KIoannidis@pagegroupltd.com

Contact [1]details

Date: _____

Full Name: _____

Date of Birth: _____

Address: _____

Cell #:_____

Relation: _____

Please describe the complaint and grievances details here:

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Please continue on a separate sheet of paper, if necessary:

Name & Signature of the Complainant:

For internal use only:

Name & Signature of Receiver:

Date:

We thank you for taking the time to bring your complaint to our attention. We will investigate your complaint and provide feedback and the detail of the corrective and preventive action will be provided to you accordingly within the specified working days, per prioritization category.

In case you are not satisfied with the outcome of the complaint investigation and the corrective &/or preventive action, you may contact the relevant competent Authority *through, if required by law to do so.*

Email:

Phone:

Website:

[1] You may choose to file a complaint anonymously, or specify that your name and other details should be mentioned internally or externally