

## COMPLAINTS FORM

### Your details

Name and initials:

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Street and house number:

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Postcode and town/city:

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Telephone number:

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Email address:

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Date of birth:

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Membership number PDN:

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### **Description of complaint (phase 1/phase 2)<sup>1</sup>**

If you need more space, please use the back of this form or continue on another sheet.

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**Date:**

**Signature:**

**Send this form to: PDN, Antwoordnummer 130, 6130 VB Sittard  
(from outside the Netherlands, send it to: PDN, Poststraat 1, 6135 KR Sittard).**

You can also email us at [Info.PDN@dsm.com](mailto:Info.PDN@dsm.com). This is considered to be less secure and the use of email is your own responsibility.

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<sup>1</sup> Cross out the option that does not apply The Brochure [Complaints and Disputes](#) explains the difference between a (internal) complaint in phase 1 or in phase 2.