COMPLAINT FORM

If you feel that you were treated inappropriately during a check, please fill in the following form and send it to the Ministry of the Interior.



A. CONTACT INFORMATION

TITLE NAME	SURNAME
TELEPHONE NO.	ADDRESS
E-MAIL ADDRESS	
B. DESCRIPTION OF CHECK	
TYPE OF AUTHORITY WHICH CARRIED OUT THE CHECK For example, the local/national police, the customs authority, etc.	SERVICE NUMBER OF THE POLICE OFFICER
PLACE OF CHECK	COUNTRY
DATE OF CHECK	TIME
DETAILS OF CHECK A detailed description of the event increases the chance that your complaint can remember as accurately as possible. It should be a factual description of Complaint section.	will be properly examined. Try to describe the check and all the details that you the event. State the facts that you are complaining about in the following

C. COMPLAINT

SUBJECT OF THE COMPLAINT State specifically subject of your complaint and what you seek.			
D. PROCESSING THE COMPLAINT			
THE INFORMATION PROVIDED BY YOU MAY BE PROCESSED FOR THE PURPOSE OF SETTLING YOUR COMPLAINT. N THIS CONTEXT, DO YOU AGREE WITH POSSIBLE FORWARDING OF THE COMPLAINT TO THE AUTHORITIES OF THE RELEVANT COUNTRY?	YES	○ NO	

If you desire any clarification, we will gladly help you with your complaint at tel. 974 832 457. Or you can write us to: stiznost.schengen@mvcr.cz.

You can find detail on the website of the Ministry of the Interior in the <u>EU/Schengen</u> section.