

## ISSUE REPORT

### Contact details

Name & Surname:	<input type="text"/>
Address:	<input type="text"/>
Phone:	<input type="text"/>
E-mail:	<input type="text"/>

How do you wish to be con-tacted? Please mark preferred option.

By post <input type="checkbox"/>	By phone <input type="checkbox"/>	By e-mail <input type="checkbox"/>
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Name and the Identification number (according the ID card):	<input type="text"/>
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### Details of your complaint

Please fill in details of your complaint. Try to describe specific issues you are experiencing. (when/ how often, etc.) to find out if your complaint is relevant to the project.

What is your proposed solution?

By submitting this form, I express consent for the processing of my personal data and information provided within the investigation process of my complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The completed form can be sent either by email or by post to the following address:  
Postal address: Zero Bypass Ltd., Odborárska 21, 83102 Bratislava, E-mail: [complaints@obchvatnula.com](mailto:complaints@obchvatnula.com)