

FORM D
INTERNAL COMPLAINT

For Departmental Use

Reference number*

Request received by *

(state position, name, surname, unit and contact details of receiving officer below)

Position of receiving officer

Officer's first name *

Last name *

Email address *

Phone number

Address

Signature of receiving officer:

A. Information about the request

1. Reference number of the request.

2. Name of the public authority

3. Date of request was received

Name of the receiving officer.

4. Address provided for delivery of information

5. Short description of the information sought

B. The decision being appealed against.

Mark the appropriate box with an X.

- The request was refused in whole or in part for any reason
- The request was not processed in accordance with the established limits
- Excessive fees were charged
- The preferred form for access was not respected
- Insufficient notice was provided
- Any other issue

C. Nature of the complaint

I. The facts on which the complaint is based

2. The substance of the complaint

*Note: Please download and complete this form and send by email to the appropriate authority or recipient.
For monitoring purposes, a copy of this form must also be forwarded to: foi-form@raic.gov.si*