

To the attention of the GLOBALGAP Secretariat
Fax: +49 (0) 221 5 79 93 56

Complaint Presentation Format

Plaintiff	
Name:	
Official Legal Claim No. <small>(if applicable)</small>	
Company:	
Date:	
Phone/Fax:	
Email:	
Focus of objection	
Product/Sector:	
Organization/Company:	
Service/Subject:	
Name: <small>(if relevant)</small>	
Reception	
Name of recipient:	
GLOBALGAP Office:	
Date:	
Receiver signature:	
Rationale/Description	
Evidence	
Documents/ Material presented	Please attach evidence (include names, dates, places, infraction and if applicable effects upon your interests)