

Number dialed :

01-518 111

01-518 112

Extension 1 (Beirut / ML)

Extension 2 (South)

Extension 3 (Bekaa)

Extension 4 (North)

Call Date:

Call Time (precisely):

Client information:

Name (if NGO):

Location:

Telephone number from which call was placed:

Reason for contacting GML:

Consent to Release Information (Read with client and answer any questions before s/he signs below)

I, _____ (client name), understand that the purpose of the complaint form and of disclosing this information to UNHCR is to improve hotline services for referral care.

By signing this form, I authorize this exchange of information.

Signature of complaining part: _____ Date: _____

Please send dully filled form to lebbeshc@unhcr.org and indicate in SUBJECT: HOTLINE COMPLAINT