



*Ministero della cultura*

DIREZIONE GENERALE ARCHIVI  
ARCHIVIO DI STATO DI ALESSANDRIA

To the Director of the State Archive in Alessandria

**SUGGESTIONS AND COMPLAINTS FORM**  
(FILL THE FORM USING BOLD)

First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**COMMENTS**

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Personal data will be used exclusively for responding to the complaints (d.lgs. 196/2003; GDPR 2016/679).

The present declarations are made pursuant to and for the purposes of art. 38, 46, 47 and 76 of the D.P.R. 445/2000.

Place and date \_\_\_\_\_

Signature \_\_\_\_\_