## Public Grievance Form

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| **Public Grievance Form** | | |
| **Reference No:** |  | |
| **Name and Surname** |  | |
| **Contact Information:**  Please note how you like to be contacted (post, phone, e-mail) | * By post: Please provide mailing address:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * By phone:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * By e-mail:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Preferred language for communication** | * [Macedonian:] * [Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] | |
|  | | |
| **Description of Incident or Grievance:**  What did happen? Where did it happen? Whom did it happen to? What is the result of the problem? | | |
|  | | |
|  | | |
| **Date of the Incident or Grievance:** | | |
|  | * One time incident/grievance (date\_\_\_\_\_\_\_\_\_\_\_\_\_) * Happened more than once (how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_) * Ongoing (currently experiencing problem) | |
| **What would you like to see happen to resolve the problem?** | | |
|  | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please return this form to:** SARDICH MC DOOEL, Skopje

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