## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]
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|  |
| **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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