###### Grievance form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Case No:** | |  | | | |
| **First name and surname**  NB: *a comment may be submitted anonymously, or non-disclosure of the applicant’s data to third parties without the applicant’s consent may be demanded* | | **Applicant’s first name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applicant’s surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I wish to submit a complaint anonymously**  **I demand that my personal details be not disclosed without my consent** | | | |
| **Contact details**  **Please indicate how the applicant should be contacted (by e-mail, by phone, or by post).** | | * **By post (please enter the correspondence address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **By phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Preferred language for communication** | | * **Polish** * **English** * **Other (please specify) ………………………….** | | | |
|  | |  | | | |
| **Description of the subject of the case / complaint:** | | | | The subject of the case / complaint; when did the case occur?; provide the location relating to the case / complaint; list the persons involved in the case; what are the effects of the ensuing situation? | |
|  | | | | | |
| **Date of the incident / occurrence of the subject of the complaint / emergence of the case** | | |  | | |
|  | | | * **One-time incident / complaint (date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** * **Happened more than once (Indicate how many times: \_\_\_\_\_)** * **Ongoing (a currently existing problem)** | | |
|  |  | | | | |
| **According to the applicant, what measures would provide solution to the problem?** | | | | |  |
|  | | | | | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please forward this form to:**  [name], [company name],