###### Grievance form

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| **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) ………………………….**
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| **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)**
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|  |  |
| **According to the applicant, what measures would provide solution to the problem?**  |  |
|  |

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

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

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