## 

## Project Grievance Form

|  |  |  |
| --- | --- | --- |
| **Reference Number** |  | |
| **Full name (optional)**   * **I wish to raise my grievance anonymously.** * **I request not to disclose my identity without my consent.** |  | |
| **Contact information**  **Please mark how you wish to be contacted (mail, telephone, e-mail).** | * **By Post: *Please provide mailing address:***   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * **By telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **By E-mail** | |
| **Preferred language of communication** | * **Macedonian** * **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  | | |
| **Description of Concern for Grievance** | | What happened? Where did it happen? Who did it happen to? What is the result of the problem? |
|  | | |
| **Date of Concern - incident / Grievance** |  | |
|  | * **One-time Concern/grievance (date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** * **Happened more than once (how many times? \_\_\_\_\_\_)** * **On-going (currently experiencing problem)** | |
|  | | |
| **What would you like to see happen?** | | |
|  | | |

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

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

*Please return this form to:*

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