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| --- |
| **Reference No:** |
| **Full Name and Surname:***(you can remain* ***anonymous*** *if you prefer or request not to disclose your identity to the third parties without your consent)* |  |
| **Contact information:**Please mark how you wish to be contacted (mail, telephone, e-mail) | * **By Post:** (Please provide postal address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **By phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **By e-mail:**
 |
|  |
| **Preferred language of communication:** | * Macedonian
* Albanian
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **Description of incident/grievance:** What happened? Where did it happen? Who did it happen to? What is the result of the problem? |
| **Date of incident/grievance:** | * One-time incident/grievance (date \_\_\_\_\_\_\_\_\_\_\_\_ )
* Happened more than once/how many times? (\_\_\_\_\_\_)
* On-going/currently experiencing problem
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|  |
| **What would you like to see happen to resolve the problem?** |
|  |
| Signature:  | Date: |
| Please return this form to: Office of General Manager andJulija Simjanovska – Environmentalemail: contact@elem.com.mk;julija.v.simjanovska@elem.com.mk (in cc)Tel/Fax: + 389 (0)2 3149 121 | Address: Elektrani na Severna Makedonijaul. 11 Oktovmri 9, 1000 Skopje Republic of North Macedonia |