

**TEMPLATE GRIEVANCE FORM**

**Public Grievance Form**

<b>Reference No:</b>	
<b>Full Name</b> Note: <i>You may choose to request not to disclose your identity to the third parties without your consent.</i>	<b>My first name</b> _____  <b>My last name</b> _____  <input type="checkbox"/> <b>I request not to disclose my identity without my consent</b>
<b>Contact Information</b>  Please mark how you wish to be contacted (mail, telephone, e-mail).	<input type="checkbox"/> <b>By Post: Please provide mailing address:</b> _____ _____ _____  <input type="checkbox"/> <b>By Telephone:</b> _____  <input type="checkbox"/> <b>By E-mail</b> _____
<b>Preferred Language for communication</b>	<input type="checkbox"/> <b>Bulgarian</b> <input type="checkbox"/> <b>Romanian</b> <input type="checkbox"/> <b>English</b>
<b>Description of Incident or Grievance:</b> What happened? Where did it happen? Who did it happen to? What is the result of the problem?	
<b>Date of Incident/Grievance</b>	
	<input type="checkbox"/> <b>One time incident/grievance (date _____)</b> <input type="checkbox"/> <b>Happened more than once (how many times? _____)</b> <input type="checkbox"/> <b>On-going (currently experiencing problem)</b>
<b>What would you like to see happen to resolve the problem?</b>	

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

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