

# A1 Public Grievance Form

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<b>Reference No:</b>	
<b>Full Name</b>	
<b>Contact Information</b>  <b>Please mark how you wish to be contacted (mail, telephone, e-mail).</b>	<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>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: \_\_\_\_\_

**Please return this form to:**

Eko-Tamnava d.o.o. Ub

Address

Veljka Vlahovica br 8, 14210 Ub

Telephone

014/412 415

E-mail address:

[office@ekotamnava.rs](mailto:office@ekotamnava.rs)