

Grievance form



Full Name			
Anonymous grievance	<input type="checkbox"/> I want to submit this grievance anonymously		
Preferred method of contact Check your preferred variant	<input type="checkbox"/> Mail: Please specify the address:		
	<input type="checkbox"/> Phone: Please specify your phone number:		
	<input type="checkbox"/> E-mail: Please specify your E-mail address:		
Preferred language	<input type="checkbox"/> Romanian	<input type="checkbox"/> English	<input type="checkbox"/> Other (mention) _____
Description	What happened? Where did it happen? Who was involved? What is the outcome of the incident?		
Date of incident/complaint			
<input type="checkbox"/> Singular incident	<input type="checkbox"/> Incident that repeated _____ times	<input type="checkbox"/> Incident in progress	
		(issue is ongoing)	
How do you think we can solve the problem?			