**Grievance Submission Form**

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| **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 * Albanian * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| **Description of Incident for 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) | | |
|  | | | |
| **What would you like to see happen?** | | | |
|  | | | |
| *Contact information for enquiries and grievances:*  Attention: Ms. Sonja Jovanovska  Address: Dame Gruev 12, Skopje, 1000, North Macedonia.  Tel: +38923255380  E-mail: sonja.jovanovska@finance.gov.mk | | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |