**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**.**
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| **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? |
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| **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?**  |
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| *Contact information for enquiries and grievances:* Attention: Ms. Sonja JovanovskaAddress: Dame Gruev 12, Skopje, 1000, North Macedonia. Tel: +38923255380E-mail: sonja.jovanovska@finance.gov.mk | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |