

**Public Grievance Form.**

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|--|---|
| <b>Reference No:</b>   |   |
| <b>Full Name</b>   |   |
| <b>Contact Information</b><br><br>Please mark how you wish to be contacted (mail, telephone, e-mail).  | <input type="checkbox"/> <b>By Post:</b> Please provide mailing address:<br>_____<br>_____<br>_____<br><br><input type="checkbox"/> <b>By Telephone:</b> _____<br><br><input type="checkbox"/> <b>By E-mail</b> _____                   |
| <b>Preferred Language for communication</b>  | <input type="checkbox"/> <b>Polish</b><br><input type="checkbox"/> <b>English</b>   |
|  |   |
| <b>Description of Incident or Grievance:</b> What happened? Where did it happen? Who did it happen to?<br>What is the result of the problem? |   |
|  |   |
| <b>Date of Incident/Grievance</b>  |   |
|  | <input type="checkbox"/> <b>One time incident/grievance</b> (date _____)<br><input type="checkbox"/> <b>Happened more than once</b> (how many times? ____)<br><input type="checkbox"/> <b>On-going</b> (currently experiencing problem) |
|  |   |
| <b>What would you like to see happen to resolve the problem?</b>   |   |
|  |   |