

Grievance form

Reference number:	
Full name (<i>optional</i>)	
Contact information (<i>optional</i>) Please mark how you wish to be contacted (mail, telephone, e-mail).	<input type="checkbox"/> By post: Please provide mailing address: _____ _____ _____ <input type="checkbox"/> By telephone: _____ <input type="checkbox"/> By e-mail: _____
Preferred language of communication	<input type="checkbox"/> Croatian <input type="checkbox"/> English (if possible)
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	
	<input type="checkbox"/> One-time incident/grievance (date _____) <input type="checkbox"/> Happened more than once (how many times? _____) <input type="checkbox"/> On-going (currently experiencing problem)
What would you like to see happen?	