

GRIEVANCE FORM

Reference Number (to be filled in by PIU)		
Full name (optional)		
<ul style="list-style-type: none"> ▪ 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).		<ul style="list-style-type: none"> ▪ By Post: <i>Please provide mailing address:</i> _____ ▪ By telephone _____ ▪ By E-mail _____
Preferred language of communication		<ul style="list-style-type: none"> ▪ Albanian ▪ Serbian ▪ Other: _____
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		
		<ul style="list-style-type: none"> ▪ 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: Subject: Solar 4 Kosovo II Attention: TERMOKOS Sh.A.Rr. 28 Nëntori nr. 181, 10000 Prishtina, Republic of Kosovo solar4kosova@termokos.org phone: +383 44 966 150 or +383 45 966 150 or +383 44 555 680		Signature: _____ Date: _____