**Grievance Form**

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| --- |
| **Reference No:**  |
| **Full Name:** |
| **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 for communication**  | * Romanian
* Russian
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Description of Incident or 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 to resolve the problem?**  |
|  |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to Trans-Oil Group of Companies**

Address: 27 Lev Tolstoy Street, MD-2001, Chisinau, Republic of Moldova

Tel: +373 22 889 300

E-mail: office@transoilcorp.com

Contact person: Rostislav Filip