|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | | | | | |
| Name: *(Please do not fill this field if you would like to remain anonymous)* | | | | | |
| Please mark how you wish to be contacted | Post | Telephone | | E-mail | Others |
| Address: | Contact number: | | E-mail address: | Please specify: |
| Preferred language for communication | Armenian | Russian | | English | Others |
| Please specify: |
| 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) | | | | | |
| Do you have suggestions on how to solve the problem? | | | | | |
|  | | | | | |
| I request you not to disclose my identity to third parties without my previous written consent | | | | | |
| Signature: *(Please do not fill this field if you would like to remain anonymous)* | | | | | |
| Local: | | | | | |
| Date: | | | | | |
| In order to manage the grievance in a more comfortable way for you, please indicate your preference concerning the contact person (female/male) | | | | | |