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| --- |
| 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) |