Case Ref. No:	
Name and surname *Note: a complaint may be submitted anonymously or an applicant may demand not disclosing its personal details to any unauthorised persons without such an applicant's consent*	Applicant's name _____ Applicant's surname _____ ☐ I want to place a complaint anonymously I request not disclosing my personal details without my consent
Contact details **Please indicate how to contact the Applicant (by e-mail, telephone, post)**	**By post (please provide a correspondence address):** _____ _____ _____ _____ _____ _____ _____ **By telephone:**_____ **By e-mail:** _____
Preferred communication language	**Polish** **German** **English** **Other (please inform)** **.....**
Description of the object of a case or complaint	Object of a case / complaint, date of occurrence, location, people involved, effects
Date of the occurrence of the object of a complaint / case	
	Single occurrence / complaint **(date _____)** **Occurred more than once (provide the number: _____)** **Pending (existing problem)**
According to the Applicant, what activities would ensure solving such a problem?	
Signature: _____ Date: _____ **Please submit this form to:** **[Name]** **OHS Inspector** **[Company name]** **Address** _____ **Phone:** _____ **or E-mail:** _____	