

Case no.:

First name and family name

Note: a grievance may be submitted anonymously or non disclosure of your name may be demanded

Applicant's name _____

Applicant's surname _____

I wish to submit an anonymous complaint

Do not disclose my personal data without my consent

Contact details

Please indicate the most convenient way to contact the applicant (e-mail, telephone, post)

By conventional post (provide correspondence address):

By telephone: _____

E-mail _____

Preferred communication language

Polish

English

Other (please state)

Description of the grievance or issue subject-matter

Issue / grievance subject-matter, when did it take place, state location, list persons involved, what are the consequences of the situation



Date of incident / occurrence
of the subject-matter of the
grievance / issue

One off issue / grievance (date _____)
More than one instance (how many: _____)
In progress (problem in existence today)



In the applicant's opinion, what actions would solve the problem?

Signature: _____
Date: _____
Please provide this form to: [Surname] OH&S Inspector [Company name]
Address _____ Tel.: _____ or E-mail: _____