**Grievance Submission Form**

|  |  |
| --- | --- |
| **Reference Number** |  |
| **Date of Incident Grievance ID #** **Time:** | (dd-mm-yyyy)* am
* pm
 |
| **Full name (optional)*** I wish to raise my grievance anonymously.
* I request not to disclose my identity without my consent**.**
 |  |
| **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 of communication** | * Albanian
* English
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |
| **Description of Incident for Grievance**  | What happened? Where did it happen? Who did it happen to? What is the result of the problem? |
|  |
| **Status of occurrence**  | * One-time incident/grievance (date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Happened more than once (how many times? \_\_\_\_\_\_)
* On-going (currently experiencing problem)
 |
|  |
| **What would you like to see happen?**  |
|  |
| *Contact information for enquiries and grievances:* **Attention:** Ali Krasniqi**Digital Transformation Unit****Address:**  Mother Theresa Square n.n. 10000 Pristina, Republic of Kosovo**Tel:** +383 38 200 14018**E-mail:** ali.h.krasniqi@rks-gov.net  | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |