

Community Grievance Form

Reference No (to be filled in by responsible person in Jasikovo ltd.):	
Full Name	
Contact Information and Preferred method of communication Please mark how you wish to be contacted (mail, telephone, e-mail).	<input type="checkbox"/> By Post: Please provide postal address: <input type="checkbox"/> By Telephone: Please provide telephone number: <input type="checkbox"/> By E-mail: Please provide E-mail address:
Preferred language (please tick)	<input type="checkbox"/> Serbian <input type="checkbox"/> English
Description of Incident or Grievance:	What happened? Where did it happen? Who did it happen to? What is the result of the problem? Source and duration of the problem?
Date of Incident/ Grievance	
	<input type="checkbox"/> One-time incident/grievance (date _____) <input type="checkbox"/> Happened more than once (how many times? _____) <input type="checkbox"/> On-going (currently experiencing problem)
What would you like to see happen to resolve the problem?	

Signature: _____ Date: _____

Please return this form to:

Contact person: Predrag Pavlović, Community Liaison Officer Jasikovo Ltd.
 Address: Ikarbus 3 Nova 19, Beograd
 Phone: +381 64 858 4460
 e-mail: predragca@gmail.com