

## Public Grievance Form

Reference No:	
Full Name	Date Received
Note: <i>you can remain anonymous if you prefer or request not to disclose your identity to the third parties without your consent</i>	<input type="checkbox"/> I wish to raise my grievance anonymously <input type="checkbox"/> I request not to disclose my identity without my consent
Contact Information  Please mark how you wish to be contacted (mail, telephone, e-mail).	<input type="checkbox"/> By Post: Please provide mailing address: <hr/> <hr/> <hr/> <input type="checkbox"/> By Telephone: <hr/> <input type="checkbox"/> By E-mail: _____
Language  Please mark your preferred language for communication	<input type="checkbox"/> Greek <input type="checkbox"/> Other
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	
	<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?	

Please return this form to:

- Name: Georgia Tsompanidou
- Tel: +306980709741
- Email: [Georgia.Tsompanidou@protergia.gr](mailto:Georgia.Tsompanidou@protergia.gr)