

APPENDIX 1: PROJECT GRIEVANCE FORM

Reference Number:	
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	Bosnian / Serbian / Croatian English (if possible)
Description of Incident for Grievance	What happened? Where did it happen? Who did it happen to? What is the result of the problem?
Date of Incident /Grievance	
	One-time incident/grievance (date _____) Happened more than once (how many times? _____) On-going (currently experiencing problem)
What would you like to see happen?	

Signature: _____
Date: _____

Please return this form to:
Attention: Mrs. Lejla Telalgic, Project Implementation Unit
Public Company «Elektroprivreda BiH» Sarajevo
Address: Vilsonovo Šetalište 15, 71 000 Sarajevo, Bosnia and Herzegovina
Tel.: +387 33 751 737
Fax: +387 33 751 033
E-mail: l.telalagic@epbih.ba