

# Community Grievance Form

<b>Reference No</b> (to be filled in by responsible person in Brebex Ltd.):	
<b>Full Name</b>	
<b>Contact Information and Preferred method of communication</b> 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:
<b>Preferred language (please tick)</b>	<input type="checkbox"/> Serbian <input type="checkbox"/> English
<b>Description of Incident or Grievance:</b>	What happened? Where did it happen? Who did it happen to? What is the result of the problem? Source and duration of the problem?
<b>Date of Incident/ Grievance</b>	
	<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)
<b>What would you like to see happen to resolve the problem?</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:**

Contact person: Marija Senić  
 Address: Ikarbus 3 Nova 19, Beograd  
 Phone: +381 64 825 2201  
 e-mail: office@brebex.rs