|  |  |
| --- | --- |
| **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 (by post, telephone, e-mail).** | * **By Post: *Please provide mailing address:***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** **By telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **By E-mail**
 |
| **Preferred language of communication** | * **Macedonian**
* **Albanian**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| **Gender** | * **Female**
* **Male**
 |
|  |
| **Description of Incident for Grievance**  | What happened? Where did it happen? Whom 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?**  |
|  |

**Grievance Form for whole project implementation period**

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

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

 **Please return this form to:**

 **Project Implementation Unit:**

|  |  |  |
| --- | --- | --- |
| Name and surname | Saska Bogdanova Ajceva |   |
| E-mail | *saska.bogdanova.ajceva.piu@mtc.gov.mk*  |   |
| Institution | Ministry of Transport and communicationsProject Implementation Unit |   |

Local Roads Connectivity Project

 St. Crvena Skopska Opstina nb.4,

 1000 Skopje, R. N. Macedonia

**Municipality Officer:**

Contact:

**Contractor:**

Contact: