

Reference No <i>(to be filled in by responsible person in Thor Impex)</i>			
Full Name		Anonymous * (x)	<input type="checkbox"/>
Confidential	Yes	No	
Address			
Contact Information and Preferred method of Please mark how you wish to be contacted (mail, telephone, e-mail).	<input type="radio"/> By Post: Please provide postal address: <input type="radio"/> By Telephone: Please provide telephone number: <input type="radio"/> By E-mail: Please provide E-mail address:		
Preferred language (please circle)	Macedonian Albanian Turk Roma Vlach / Aromanian Other (please state) _____	<input type="radio"/> English	
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="radio"/> One-time incident	<input type="radio"/> More than once (how many times? _____)	<input type="radio"/> On-going <i>(currently experiencing problem)</i>	
How you think we should resolve the problem?			

* If grievance submitted anonymously we will not be able to provide a direct response to your grievance.