

All grievances will be directed to the Stakeholder Coordinators:

Project Manager:

Ms. Małgorzata Adamczyk

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Project Manager:

Mr. Grzegorz Borowiecki

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Case number (to be completed by the administrator):	
Full Name (Leave this section blank if you would like to submit anonymously)	
Contact information (Please mark how you wish to be contacted –telephone, e-mail)	<input type="checkbox"/> By telephone: <input type="checkbox"/> By e-mail:
Description of concern, incident or grievance, e.g.: • what is your concern / grievance, • what happened, • where did it happen, • who did it happen to, • what is the result of the problem	
Date of concern / 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?	