

## Complaint / Grievance Form

Reference number (filled in by Employee receiving the complaint):	
You may remain anonymous or request your identity not be disclosed to third parties.	First name and surname: _____
	<input type="checkbox"/> I wish to remain anonymous <input type="checkbox"/> I request my identify not be disclosed without my consent
<b>Contact data</b> Please specify the best way to contact you (telephone, e-mail, mail)	<input type="checkbox"/> By mail: (please state your full address) _____ _____ _____ _____ <input type="checkbox"/> By phone: _____ <input type="checkbox"/> By E-mail: _____
<b>Description of the incident which prompted you to write this complaint / grievance:</b> (What happened? When did it happened? Who caused the incident? What are the results of it? What problem does it cause? )	
<b>Date of the incident:</b> <input type="checkbox"/> One-time incident (date: _____) <input type="checkbox"/> It happened more than one time (how many times? _____) <input type="checkbox"/> The incident is ongoing (I'm currently experiencing this problem)	
What do you think should happen to solve this problem / improve the situation?          	
Date and signature: _____	
Please send this complaint back to: HR Department Address: Axtone ul. Zielona 2, 37-220 Kańczuga, tel.: 16 649 24 03 E-mail: <u><a href="mailto:uwagi@axtone.eu">uwagi@axtone.eu</a></u>	