

GRIEVANCE FORM**Reference Number:**

First Name, Last Name

Address of the compliant

Telephone number and the e-mail address (If any)

Preferred way of contact

By telephone

By email

Please provide mailing address

By post

Preferred language for communication

Albanian

Other

Please specify the language

Complaint Confidentiality☐ I request not to disclose my identity without consent

** In case of anonymous grievances we cannot communicate the response to you.*

☐ I wish to rise my grievance anonymously, except the Project representative, who follows this case☐ I wish to raise my grievance anonymously***I would prefer that the person of contact from the Project should be :**☐ male ☐ female ☐ gender not important**GRIEVANCE DETAILS**

Date of incident:

Detailed description of what happened (what happened? when? how? where? extent of damage?)

Extent of repetition

☐ Single Incident/Grievance (date)☐ Repeated (how many times?)☐ Continuous (Constant issue)

Request/Proposal of the compliant to solve the grievance (Please explain what would you prefer for Green Coast sh.p.k. to do to solve the issue)

Type of Grievance
(environment, human rights,
wealth, health and safety,
legal, ownership, corruption,
etc.)

Additional information related Photo or other
to the grievance:

Compliant Signature

Please return this form to Green Coast's address:

[Email Address](#)

info@greencoast.al

[Tel:](#) 00 355 69 80 14 999

[Physical address](#)

Green Coast, Street "Rrugët e Bardha" Palasë 9425, Vlorë, Albania