

COMPLAINT INFORMATION		
First Name, Last Name of Compliant	Date:	
Age and Gender of the Compliant (Not Compulsory)		
Do you agree to Personal Data processing (Y/N)?	Yes	No
Was the Grievance resolved immediately in the workplace? (Y/N)	Yes	No
GRIEVANCE DETAILS		
Detailed description of what happened (what happened? when? how? where?)		
Grievance Classification (Please click the relevant code)	<input type="checkbox"/> WG 1 – Compensation/wages <input type="checkbox"/> WG 2 – Recruitment <input type="checkbox"/> WG 3 – Workplace Harassment <input type="checkbox"/> WG 4 – Discrimination <input type="checkbox"/> WG 5 – Food and Accommodation <input type="checkbox"/> WG 6 – Working Hours <input type="checkbox"/> WG 7 – Behaviour of Colleagues <input type="checkbox"/> WG 8 – Promotion <input type="checkbox"/> WG 9 – Health and Safety issues <input type="checkbox"/> WG 10 – Other work-related complaint	
Details of investigation and resolution (who was involved, which was the outcome, what action was requested, what action was taken)		
Grievance received / registered Date:	Complainant Name / Signature	Green Coast sh.p.k. Rep. Name / Signature

Grievance resolved / closed Date:	Complainant Name / Signature	Green Coast sh.p.k. Rep. Name / Signature
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