

**COMPLAINTS FORM TO SUBMIT TO THE CONSULTANT**

Case Ref. No:	
<b>Name and surname</b> <i>Note: a complaint may be submitted anonymously or an applicant may demand not disclosing its personal details to any unauthorised persons without such an applicant's consent</i>	Applicant's name _____ Applicant's surname _____ <input type="checkbox"/> I want to place a complaint anonymously I request not disclosing my personal details without my consent
<b>Contact details</b>  <b>Please indicate how to contact the Applicant (by e-mail, telephone, post)</b>	<b>By post (please provide a correspondence address):</b> _____ _____ _____ _____ <b>By telephone:</b> _____ <b>By e-mail:</b> _____
<b>Preferred communication language</b>	Polish German English Other (please provide such a language) .....
<b>Description of the object of a case or complaint</b>	Object of a case / complaint, date of occurrence, location, people involved, effects
<b>Date of the occurrence of the object of a complaint / case</b>	
	Single occurrence / complaint (date _____) Occurred more than once (provide the number: _____) Pending (existing problem)
<b>According to the Applicant, what activities would ensure solving such a problem?</b>	
Signature: _____ Date: _____	
Please submit this form [Name] _____ OHS Inspector [Company name] _____ to:	
<b>Address</b> _____	<b>Phone:</b> _____ <b>or E-mail:</b> _____