



GRIEVANCE REGISTRATION FORM

GENERAL	
Project	
Case #	
Complainant full Name	
Contact Information Please mark how you wish to be contacted (mail, telephone, e-mail).	By Post: <i>(Please provide mailing address)</i> _____ _____ _____ By Telephone: _____ By E-mail: _____
IDENTIFICATION OF THE CONCERN / INCIDENT / GRIEVANCE	
Description of Concern / Incident / Grievance What is your grievance? What happened? Where did it happen? Who did it happen to? What is the result of the problem?	
Date of Concern / Incident / Grievance	One-time incident/grievance (date _____) Happened more than once (how many times? _____) On-going (currently experiencing problem)
RESOLUTION PROPOSAL	
What would you like to see happen to resolve the problem?	
Date: _____	
Please return this form to: Bulent Kostem mersinli_gorus@alcazarenergy.com Tel: +90 (0) 530 417 7550	