

Public Grievance Form

Reference No.	
Received on	
Received by	

Full Name, Surname

Contact information (please fill in how you want to be contacted):

Post Address

Telephone

E-Mail

Preferred contact Language Azeri Russian English

Description of Incident or Grievance in relation to the Garadagh Cement Plant

(What happened? Where did it happen? Who did it happen to?

What is the result of the problem?):

Date of Grievance: ____ . ____ . 20____

One time incident/grievance (date _____)

Happened it more than once (how many times? _____)

On-going (currently experiencing problem) yes no

What would you like to see happen to resolve the described problem?

**Please send this form back to „GARADAGH“
per mail, fax, e-mail or put in the
GARADAGH drop box at the Palace of Culture in Sahil / Social Hall in Umid**