# Grievance mechanism form

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| --- | --- | --- |
| **Reference number:** |  | |
| **Full name (optional)**   * **I wish to raise my grievance anonymously.** * **I request not to disclose my identity without my consent.** |  | |
| **Contact information**  **Please mark how you wish to be contacted (mail, telephone, e-mail).** | * **By Post: Please provide mailing address:**   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * **By Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **By E-mail** | |
| **Preferred language of communication** | * **Bosnian / Serbian / Croatian** * **English (if possible)** | |
|  | | |
| **Description of Incident for Grievance** | | What happened? Where did it happen? Who did it happen to? What is the result of the problem? |
|  | | |
| **Date of Incident / Grievance** |  | |
|  | * **One-time incident/grievance (date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** * **Happened more than once (how many times? \_\_\_\_\_\_)** * **On-going (currently experiencing problem)** | |
|  | | |
| **What would you like to see happen?** | | |
|  | | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return this form to:*

Motorways of the Federation of Bosnia and Herzegovina  
Attn: Grievance mechanism contact person

Address: Adema Buća 20, 88000 Mostar

Hamdije Kreševljakovića 19, 71000 Sarajevo

Tel: +387 36 512 300  
Fax: +87 36 512 301

E-mail: [prituzbe@jpautoceste.ba](mailto:prituzbe@jpautoceste.ba)