#  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:**

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* **By E-mail**
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| **Preferred language of communication** | * **Bosnian / Serbian / Croatian**
* **English (if possible)**
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|  |
| **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)**
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|  |
| **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

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Fax: +87 36 512 301

 E-mail: prituzbe@jpautoceste.ba