Grievance Form

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| Grievance Form  |  |
| Grievance reference number (to be filled in by AGL) |  |
| Contact details:  | Name:  |
|  | Address:  |
|  | Telephone:  |
|  | E-mail:  |
| Please state whether you wish for your details to remain confidential:[Note that we may need to contact you regarding your grievance but will not share your details with a third party without your permission.] |
| How would you preferTo be contactedPlease tick a box |  By Post By Phone By E-mail |
| Name and identification information (from the identity card). [This field is not mandatory] |
| Please provide details of your grievance, including description of the problem, who it happened to, when, where and how many times, as relevant. |
| What is your suggested resolution for the grievance, if you have one? |
| How to submit thisform to AGL | By post to:AGL Batumi Office129, Bagrationi Street Batumi 6010Georgia |
|  | By hand:Shuakhevi Powerhouse  |
|  | by e-mail: please email your grievance, suggested resolution and preferred contactdetails to: inguli.davitadze@agl.com.ge or info@agl.com.ge  |
| Signature | Date  |