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 prefer  To be contacted  Please 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 this  form to AGL | By post to:  AGL Batumi Office  129, Bagrationi Street  Batumi 6010  Georgia |
|  | By hand:  Shuakhevi Powerhouse |
|  | by e-mail: please email your grievance, suggested resolution and preferred contact  details to: [inguli.davitadze@agl.com.ge](mailto:inguli.davitadze@agl.com.ge) or  [info@agl.com.ge](mailto:info@agl.com.ge) |
| Signature | Date |