

Grievance Form

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

By Post

By Phone

By E-mail

To be contacted

Please tick a box

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 or info@agl.com.ge

Signature

Date

