

**Grievance Form**

**Reference No:**

**Full Name**

*Note: you can remain anonymous if you prefer or request not to disclose your identity to the third parties without your consent*

First name \_\_\_\_\_

Last name \_\_\_\_\_

- 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 for communication**

- Belarussian
- Russian
- English
- Other \_\_\_\_\_

**Description of Incident or 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 to resolve the problem?**

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

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

Please return this form to:  
**HS Belacon OOO (Belarus)**

Vytautas Slankauskas  
General Manager – HS Belacon

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Republic of Belarus  
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