

SAMPLE GRIEVANCE FORM

Reference No:

Full Name

First name _____

Last name _____

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

- 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

- Hungarian

- English

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: Spectris Hungary Kft.

Address: Vak Bottyán utca 75/A-C 1191 Budapest

Tel.: +36 20 981 5983

E-mail: attila.kulcsar@spectrisenergy.hu