Public grievance form

(this section to be completed by Moldelectrica)

Reference No.:

Received by:

_____

Date of initial response:

_____

Solved by:

_____

(next sections to be completed by the person lodging the complaint)

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:

_____

Company / position in the company

_____

☐ **I wish to raise my grievance anonymously**
☐ **I request not to disclose my identity without my consent**

Contact:

Please mark how you wish to be contacted (mail, telephone, e-mail).

☐ **By Poșt:** Please provide mailing address:

_____
_____
_____
_____

☐ **By phone:**

_____

☐ **By e-mail:**

_____

Preferred Language for Communication:

☐ Moldovan/Romanian
☐ Russian

Description of Grievance:

What happened? Where and how did it happen? What are the results / consequence / impact of this issue?

_____
_____
_____
_____

Date of Grievance: *(this section to be completed by the person lodging the complaint)*

☐ One time incident/grievance (_____ DD.MM.YYYY)
☐ Happened more than once (how many times? _____)
☐ On-going (currently experiencing problem)

What would you like to see happening in order to solve this issue?

_____
_____

Please return this form filled in to: MOLDELECTRICA office@moldelectrica.md

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