





ANNEX 1: GRIEVANCE FORM

Reference Number:
Full Name Note: you can remain anonymous if you prefer or request not to disclose your identity to the third parties without your consent. In case of anonymous grievances, the decision will be disclosed at the local bulletin board where the grievance was submitted.
First name:, Last name:
☐ I wish to raise my grievance anonymously
Gender of complainant (completion of this field is optional)
☐ Male ☐ Female ☐ Other(please indicate)
☐ 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:
☐ I want to remain anonymous
Preferred Language for communication Serbian Other(please indicate)
Description of Incident or Grievance (What happened? Where did it happen? Who did it happen to? What is the result of the problem? How would you like the problem you are reporting to be resolved?)
☐ One-off incident/grievance (date dd/mm/ 202_) ☐ Happened more than once (how many times?) ☐ On-going (currently experiencing problem)
Signature:, Date: dd/mm/202_
SRI Contact:
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