

## Formular pritužbe/Grievance Form

Oznaka / Reference No. (popunjava/filled by Ivicom Energy)	
Puno ime/Full name	
Kontakt / Contact  Željeni način komunikacije/ Preferred method of communication	<input type="checkbox"/> Pošta/Post _____ _____ _____  <input type="checkbox"/> Telefon/Phone _____  <input type="checkbox"/> E-mail _____
Opis incidenta ili pritužbe / Description of incident or grievance	Šta se dogodilo? Gde se dogodilo? Kome se dogodilo? Čime je problem rezultirao? Izvor i trajanje problema What happened? Where did it happen? Who did it happen to? What is the result of the problem? Source and duration of the problem
Datum incidenta/pritužbe/ Date of incident/grievance	
	<input type="checkbox"/> Jednokratni događaj/one-time event (datum/date) _____
	<input type="checkbox"/> Višekratni događaj/repeated event (koliko puta/how many times?) _____
	<input type="checkbox"/> Trajni događaj/On-going event _____
Šta želite da vidite kao rešenje problema What would you like to see happen to resolve the problem?	

Potpis/Signature

Datum i mesto/Date and Place

**Molimo, dostavite formular/Please, send this form to:**

**Firma/Company:** Ivicom Energy  
**n/r/attn:** g./Mr. Ilija Tošić  
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