



SCHEDULE 2
FORM FOR ATTENTION OF GRIEVANCES

NAME: _____

SURNAME: _____

ORGANIZATION/ENTITY: _____

ADDRESS: _____

TELEPHONE (Fixed / Mobile): _____

EMAIL: _____

How do you wish to receive the answer to your Grievance?

- By Email
- By Mail
- To retrieve from Stornoway's office

EVENTS OCCURRED

What happened and where?

When and at what time were the events recorded?

Who and what was involved in the events?

ACCURATE CLAIM (what is being sought):

Means of entry of application: _____

Attended by: _____

Date: _____