

# GRIEVANCE FORM

<b>Name</b>	
<b>E-mail</b>	
<b>Phone number</b>	
<b>Date, time, and place of event leading to grievance</b>	
<b>Detailed account of occurrence (including names of Solway employees or contractors involved, if any and if possible)</b>	
<b>People who also witnessed event and could provide additional information</b>	
<b>Description of ways in which Solway can investigate what happened and obtain possible evidence of occurrence</b>	
<b>Proposed solution to grievance</b>	
<b>Signature</b> (optional – if claimant information is included)	
<b>Received by</b>	
<b>Date and time received</b>	



I hereby consent to the processing of the personal data that I have provided and declare my agreement with the data protection regulations in the data privacy statement attached.