

Reference number (to be filled in by the person receiving the declaration):	
You have the right to remain anonymous or to request that your identity not be disclosed to third parties.	Name and Surname: <hr/> <input type="checkbox"/> I want to remain anonymous  <input type="checkbox"/> Please do not disclose my identity without my permission
Contact Please indicate how we should contact you (telephone, e-mail, traditional mail)	<input type="checkbox"/> By traditional mail: (please enter full address) <hr/> <hr/> <hr/> <input type="checkbox"/> By phone: <hr/> <input type="checkbox"/> E-mail: <hr/>
Date of the event:	
<input type="checkbox"/> One-time event (date: _____) <input type="checkbox"/> Happened more than once (how many times? _____) <input type="checkbox"/> The event is ongoing (I'm currently experiencing this issue)	
Description of the event that prompted you to report a complaint / grievance / irregularity or violation of the law: (What happened? When did this happen? Who did it? What is the effect of this event and what is the problem? )	

What do you think should happen to solve this problem/improve this situation?

Date and signature: \_\_\_\_\_

Please refer this complaint to: Human Resources Department

Address: Aircom Automotive Sp. z o.o. Sp. k., Fabryczna 20B, 55-080 Pietrzykowice

Email: [complaints@aircom.ag](mailto:complaints@aircom.ag)

