

## Third Party Grievance Submission Form

(To be filled out by complainant and if necessary, completed by CLO/Grievance Coordinator)

All Fields are optional. The Form can also be Anonymously

### Contact information

|                  |  |
|------------------|--|
| Name             | <input type="text"/>   |
| Surname          | <input type="text"/>   |
| Gender of Person | <input type="checkbox"/> Man<br><input type="checkbox"/> Woman |
| Age of Person    | <input type="text"/>   |
| Desired language | <input type="text"/>   |
|                  | Postal address:  |
|                  | City / Village / Community <input type="text"/>                |
|                  | P.C. <input type="text"/>                                      |
|                  | Address <input type="text"/>                                   |
|                  | Phone <input type="text"/>                                     |
|                  | E-Mail <input type="text"/>                                    |

Telephone number of a relative / contact person (in case you are not found)

### Confidentiality of the reporter:

- I request that my identity not be disclosed without my consent\*
- I want to submit my report anonymously \*\*

\* You should be aware that if the report is addressed to another person, the person handling your report should generally disclose the details of the report to that person in order to receive a response.

\*\* In case of anonymous report, we can not contact you for the answer, but we will publish the case and the answer in the annual report and on our website.

Information on the status of the petitioner

- Person
- Team
- Society
- Citizens' Social Organization
- Public body (e.g., local government body)
- Other (specify)



**REFERENCE DETAILS**

Event Date

\_\_\_\_/\_\_\_\_/20\_\_\_\_

Event description:

What happened;  
Never; Why;  
Who caused it?  
What is the result of the problem?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Frequency / Event Path.

- Individual Incident / Report
- Ongoing
- Repetitive: How many times and when and why?

Additional support elements

If possible, provide evidence or any additional information:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Complainant Name/Signature**

Date : \_\_\_\_/\_\_\_\_/20\_\_\_\_

**CONSENT TO PERSONAL DATA PROCESSING (GDPR compliance policy)**

I the undersigned hereby give my free and absolute consent to processing of my personal data, disclosed by me personally or by my representative (in particular: personal data of the last, first, name; date of birth; gender; contact numbers of communication means, residence address etc.) by Hellas GOLD in the personal database of Hellas GOLD as well as to my next of kin/contact (as provided in this form) by any and all means according to the applicable Country Legislation "On personal data protection". Processing of personal data of Hellas GOLD passengers is aimed at solving the possible grievance submitted by me. I agree that such personal data may also be passed on to other companies working on the project, but only for the purposes of this report, as described above. There will be no other disclosure of data to third parties. I confirm that I have been informed of my rights under Greek law 2472/1997 "On the Protection of Personal Data", including my right to access the personal data processed, to request information regarding the data collected about me, to object to the processing of my personal data and withdraw my consent to the processing of the relevant data. By signing this document, I declare that I am not less than 18 year of age and I acknowledge that I fully understand the above written and accept my rights.