**Formular de reclamație condiții de muncă și sociale RO**

**Motivul plângerii (care trebuie completat de către angajat)**

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(Locul, Data) Semnatura angajatului (**de bunăvoie**)

**Masura de rezolvat:**

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Termen pentru finalizarea acțiunii: .......................................................................

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(Locul, Data) (Semnătura persoanei responsabile)

Măsura a fost efectuată

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(Locul, Data) (Semnătura persoanei responsabile)