GRIEVANCE COMPLAINT FORM

|  |  |  |
| --- | --- | --- |
| Date received: | File number: |  |
|  |  |  |
|  | Complainant’s information: | *This information must be provided. The identity of complainants* |
|  | *will be kept confidential if they request so. Anonymous com-* |
|  |  | *plaints will be accepted* |  |
|  |  |  |
|  | Name: | (☐Mr., ☐Ms., ☐Mrs., or ☐Other salutation) |
|  |  |  |  |
|  | Address: |  |  |
|  |  |  |  |
|  | Phone number: |  |  |
|  |  |  |  |
|  | E-mail address: |  |  |
|  |  |  |  |
|  | Contact info if different from above: |  |  |
|  |  |  |  |
|  | Request for confidentiality: | ☐Yes | ☐No |
|  |  |  |  |
|  | Risk of retaliation: | ☐Yes | ☐No |
|  |  |  |  |
|  | Project Information: |  |  |
|  |  |  |  |
|  | Project name: |  |  |
|  |  |  |  |
|  | Project location: Village, Country |  |  |
|  |  |  |  |
|  | Responsible party: |  |  |
|  |  |  |  |
|  | Please describe the complaint in detail.  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Please include any other information that |  |  |
|  | you consider relevant. |  |  |
|  |  |  |  |
|  | How do you wish to see the complaint re- |  |  |
|  | solved? |  |  |
|  |  |  |  |
|  | Has this issue been raised with anyone | ☐Yes | ☐No |
|  | else? |  |  |
|  |  |  |  |
|  | Please provide the name of the person / |  |  |
|  | agency with whom this was raised |  |  |
|  |  |  |  |
|  | Date: |  |  |
|  |  |  |  |
|  | 4. Signature: |  |  |
|  |  |  |  |