GRIEVANCE COMPLAINT FORM

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| **Complainant’s Information (This information must be provided. The identity of complainants will be kept confidential if they request so. Anonymous complaints will not be accepted)** | |
| ( Mr  Ms  Mrs) First Name: Last Name: | |
| Address: |  |
| Phone number: |  |
| Email Address: |  |
| Contact Info if different from above: |  |
| Request for confidentiality | Yes No |
| Risk of retaliation | Yes No |
| Project Name |  |
| Project location | Village  Country |
| Responsible party |  |
| What harm do you believe ECPCGC financed project caused or is likely to cause to you? |  |
| Please include other information that you consider relevant |  |
| How do you wish to see the complaint resolved? |  |
| Has this issue been raised with anyone else? |  |
| Please provide the name of the person or agency with whom this was raised? |  |
| Date: |  |
| Signature of Complainant |  |

**FOR ECPCGC INTERNAL USE ONLY**

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| Date received by ECPCGC: |
| File Number: |