

A. Annex - Grievance Form

Grievance Form				
Date				
Reference Number				
Full Name (optional and can be left blank for anonymous grievances)				
ID Number (optional and can be left blank for anonymous grievances)				
Contact Information (optional and can be left blank for anonymous grievances)	Address			
	Zip Code			
	Phone			
	Email			
Content of Grievance or complaint	Classification			
	Significance			
	Description			
	Location			
Consent to disclose the grievance information to third parties				
Signature of complainant (if not anonymous and if de visu)				
Received by	Name			
	Signature			
Status of grievance (date of each status and name and signature of person in charge of	Investigation	Date: Name Person in Charge:	Date for response to be submitted to the complainant	Planned date: Date of submission:

handling the grievance at that stage)		Signature Person in Charge: Name Person to approve: Signature Person to approve:		
	Resolution	Date: Name Person in Charge: Signature Person in Charge: Name Person to approve:		Planned date: Date of submission:
	Complainant feedback	Date: Name Person in Charge: Signature Person in Charge: Name Person to approve:		Planned date: Date of submission:
	Close out reporting	Date: Name Person in Charge: Signature Person in Charge: Name Person to approve:		Planned date: Date of submission:
Description of grievance resolution process (date, activity, person responsible)				

