

ANNEX 1: Sample form to Submit Grievances

NAME OF COMPLAINANT:

DO YOU WISH YOUR IDENTITY TO REMAIN CONFIDENTIAL (please indicate): YES NO

GENDER: _____ AGE: _____

SUBMITTED ON BEHALF OF: (if submitting on behalf of others, please attach confirmation of authority)

CONTACT DETAILS OF THE CLAIMANANT:

IF the Grievance is made on behalf of , please provide the detail and written confirmation by representative persons of the Claimant:

STATEMENT OF GRIEVANCE (Reason for the complaint, activity leading to the complaint, or description of actual or potential harm)

ACTION TAKEN SO FAR TO RESOLVE GRIEVANCE:

RESOLUTION SOUGHT FROM GRM (What would the complainant like to see happen)

SIGNATURE: _____ DATE: _____

FOR ADMIN USE ONLY:

Date Grievance Received: _____

- a. In person
- b. In writing
- a.

Grievance Received by: _____