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| To be used for grievance(s) only. Shall not be used to raise comments, suggestions, or/and inquires or any other matters | |
| INSTRUCTIONS | Please fill in this Grievance form in clear handwriting and submit through one of the following means:   * Directly to Environmental & Social Manager * Deposit in the letter box at the Project main entrance |
| Full Name | First Name: |
| Last Name: |
| ☐ I wish to raise my grievance anonymously (You can remain anonymous if you prefer but we will not be able to contact you with a response to your concern) |
| Contact Information  Please mark how you wish to be contacted (mail, telephone, e- mail). | ☐ By Post: Please provide mailing address: |
| ☐ By telephone: |
| ☐ By email: |
| Preferred Language of Communication | ☐ English |
| ☐ Arabic |
|  |  |
| Description of Incident/Grievance | What happened? Where did it happen? Who did it happen to? What is the result of the problem? |
| Date of Incident/Grievance | ☐ One time incident/grievance (date…) |
| ☐ Happened more than once (how many times?....) |
| ☐ On-going (currently experiencing problem) |
|  |  |
| What would you like to see happen to resolve the problem? |  |
| Signature: |  |
| Date: |  |