



GRIEVANCE LOG

FORM I



GRIEVANCE REPORTING

SUBPROJECT NAME

1. Complainant's Information		
Names and Titles (Dr/Mr/Ms/Mrs)	Addresses:	E-mail:
	Contact Tel.	Location:
Please indicate how you prefer to be contacted (e-mail, mobile, etc.):		
2. Description of the issue:		
3. How are you affected:		
(a) What harm do you believe the project caused or is likely to cause to you?		
(b) Why do you believe that the alleged problem resulted from the project activities?		
(c) Do you have any other supporting documents that you would like to share as proof of the alleged problem?		
4. Previous Efforts to Resolve the Complaint		
(a) Have you raised your complaint with any other authorities? No <input type="checkbox"/> Yes <input type="checkbox"/>		
If Yes (Please, provide the following details): When?		
<input type="checkbox"/> How and with whom the issues were raised?		
<input type="checkbox"/> Please describe any response received from and/or any actions taken by the project level grievance mechanism. Please also explain why the response or actions taken are not satisfactory.		
If No, Why?		
(b) How do you wish to see the complaint resolved?		
5. Name of the person who completed this form:	Signature:	Date: