

Grievance Form

Grievance registration no.	
Date of registration	

Details of complainant: ☐ (Tick the box for anonymity)

Name:

First Name	Middle name	Last name

Gender:

☐ Male ☐ Female ☐ Others

Address:

Province	District	Municipality	Ward No.	Name of place

Contact details:

Primary mobile no.	
Secondary mobile no.	

Email	
Facebook	

Preferred mode of contact: _____

Brief description of grievance

Mode of submission of grievance:

☐ Verbal ☐ Written ☐ Complaint Box ☐ Phone ☐ Email ☐ Others

Signature of Complainant

Signature of Grievance Officer

Sample Grievance Closure Form

Grievance Closure Form	
Resolution	
Grievance Number	
Grievance registered date	
Short describe the of the grievance	
Short describe the of the resolution	
Department:	
Mode of communication for the reply (meeting/ written/ verbal/ display):	
Date closed:	

Signatures
Complainant:
Project representative:
Date: