



Grievance/ Suggestion/ Comment Recording Form

Date:			
Time:			
Location:			
Name of Complainant		<input type="checkbox"/> You can use my personal detail	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Address		<input type="checkbox"/> You can use my name when talking about this complaint in community meetings and project meetings	
Contact No.		<input type="checkbox"/> I do not want to disclose my identity	
I am a:	<input type="checkbox"/> Tourist	<input type="checkbox"/> Affected Person	<input type="checkbox"/> Local Resident
Alternative Contact	<input type="checkbox"/> I would want the following individual to pursue my complaint on my behalf: Name: _____ Relationship: _____ Contact No: _____ Address: _____		
Best Method for Contact	<input type="checkbox"/> By mail: Mailing address: _____		
	<input type="checkbox"/> By Phone/Mobile Phone:		
	<input type="checkbox"/> By Email:		
	<input type="checkbox"/> I would like to pick up responses in person from Office		
<input type="checkbox"/> Written Documents Provided	List of Documents Provided		
<input type="checkbox"/> Photocopies of Document	List of Documents Provided		
<input type="checkbox"/> Other Supporting Documents			
<input type="checkbox"/> Photographs Provided			
Brief Description of Complaint	(Nature of Complaint? Who Was-Involved? What are your suggestions? (Use additional pages if required))		
Signature of the Complainant			

FOR OFFICE USE ONLY

Grievance Involves	Sector	Please tick
Environmental concerns	Environmental and social safeguard issues	<input type="checkbox"/>
Environmental concerns	Resettlement/ compensation	<input type="checkbox"/>
Any others		<input type="checkbox"/>