GRIEVANCE REDRESS MECHANISM (GRM) COMPLAINT FORM FOR CSO WORKERS UNDER R4CR

This form can also be used by people to submit a complaint about the project impacts. Complainants can submit their complaint anonymously if they wish, the names section is not mandatory but it might make follow up difficult.

|  |  |
| --- | --- |
| **INFORMATION ABOUT WORKER SUBMITTING A GRIEVANCE** | |
| **Name of the Worker** | **Date of Submission** |
|  |  |
| **Job Function** | **Worker ID number** |
|  |  |
| **Full address of the worker** | **Address of the work site** |
|  |  |
| **Mobile tel. number of worker (if any)** | **E-mail address of worker (if applicable)** |
|  |  |
| **Relevant additional administrative information (if any)** | |
|  | |

**GRM ……..cont’d**

|  |  |
| --- | --- |
| **DETAILS OF EVENT LEADING TO A GRIEVANCE** | |
| **Date, Time and Location of Event** | **Any witnesses (if applicable)** |
|  |  |
| **Account of Event** | **Violations** |
| **Provide a detailed description of what happened. Include the names of any additional persons involved** | **Provide a list of any policies, instructions, procedures or guidelines you believe have been violated in the event described** |
|  |  |
| **Proposed Solution** | |
|  |  |
| **Signatures** | |
| **Worker signature** | **Date** |
|  |  |
| **Signature of the organization’s manager** | **Date** |
|  |  |

***Please make a copy of this form for your own administration.***