|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grievance Record** | | | | | |
| Reference No:  (Official Use Only) |  | | | | |
| Anonymous[[1]](#footnote-1) | □ Yes | | □ No | | |
| Full Name |  | | | | |
| Gender | □ Male | □ Female | | | □ Other |
| Age |  | | | | |
| Contact Information: | Address/Village/Traditional Authority and Ward: | | | | |
| Telephone: | | | | |
| Email: | | | | |
| Preferred contact method | □ Letter | | □ Telephone | □ Email | |
| Preferred language for communication |  | | | | |
| **Grievance Description** | | | | | |
| Description of Grievance or Incident  *(What happened? Where did it happen? Who did it happen to? What is the result of the problem?)* |  | | | | |
| Date of Incident/ Grievance |  | | | | |
| Nature of Incident/ Grievance (tick one and include date) | □ One time incident/ grievance (Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |
| □ Incident/ grievance happened more than once (Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |
| □ On-going incident/ grievance (Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |
| What would you like to see happen to resolve the problem? |  | | | | |
| Additional Comments: |  | | | | |

1. Not identified by name [↑](#footnote-ref-1)