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| --- |
| **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)