

STAKEHOLDER GRIEVANCE FORM

Reference Number:

Today's Date:

First Name:

Last Name:

Mobile No:

Email:

How would you wish to be contacted:

Telephone

Email

Description of incident or grievance (What Happened):

Where did it happen:

Who did it happen to:

What is the result of the problem:

Source and duration of the problem:

Date of incident/Grievance:

One time incident/grievance: Date _____

Happened more than once (how many times?) _____

On-going (currently experiencing problem): _____

What would you like to see happen to resolve the problem:

If someone is helping you with this form, please provide the following:

Name of Person:

Signature:

Complainants Signature:

Date:

AKIIRA ACTION

What was or are the follow up actions (monitoring and evaluation recommended etc):

Grievance assigned to:

Follow up Date:

Has the grievance been resolved:

Yes

No

How was it resolved:

Date Resolved:

Complainants Signature:

Please return this form to the Akiira Liaison Office or email it to info@akiiraone.com