

Sample Grievance /Suggestion/Comment Recording Form

Date:	Time:	Location:
Name	<input type="checkbox"/>	You Can Use my personal detail
Address	<input type="checkbox"/>	You can use my name when talking about this complaint in community meetings/general meetings of the project
Contact No.	<input type="checkbox"/>	I do not want to disclose my name
Alternative Contact	<input type="checkbox"/>	I would want the following trusted individual to pursue my complaint on my behalf Name: _____ Contact: No. _____
Method to Contact you	<input type="checkbox"/>	By mail: (Pl. give 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 1. PMIU 2. District
Supporting Documents	Written Documents	Photocopies of Document
	Photographs	Other
Brief Description (What happened? Who Was Involved? Who did it happen to? What are your suggestions?)		
Signature of the Claimant	Date	