



GRIEVANCE SUBMISSION FORM

Grievance Resolution Procedure

1. Grievance form can be submitted by Grievance Administrator/APRIL staff/third party on behalf of the Complainant if needed
2. Grievance resolution process will be conducted in accordance with APRIL grievance mechanism SOP
3. Grievance administrator will contact the complainant based on the contact information provided in this grievance form

<i>Reference No.</i>			
<i>Name</i>		<input type="checkbox"/> I wish to keep my identity confidential in public communications	
<i>Name of organization (if applicable)</i>			
<i>Address</i>			
<i>Phone No.</i>		<i>Email</i>	
<i>Preferred method to contact you (you can select more than one)</i>	<input type="checkbox"/> By email <input type="checkbox"/> By phone <input type="checkbox"/> By mail (as address provided above or if different address is used please state here)		
<i>Complaint summary (Place and time of the event, short description of the complaint, parties involved)</i>			



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<i>Supporting evidence (please attach files separately if any)</i>	<input type="checkbox"/> Written (email, invoice, certificate, commitment, contract, etc)	<input type="checkbox"/> Photo, video <input type="checkbox"/> Voice recording	<input type="checkbox"/> Other (please state the evidence type)
<i>Actions you have taken to address this issue (if any)</i>			
<input type="checkbox"/> By ticking this box, I understand that APRIL will handle this grievance in accordance with the Grievance Resolution Procedure. I agree to engage in the grievance resolution process in good faith. I declare that the information provided in this form is accurate and has been lawfully obtained.			
Signature (Complainant)		Date (dd-mm-yy)	