

**DIGITAL MALAWI PROGRAM PHASE 1: DIGITAL FOUNDATIONS PROJECT**

**FORM 1: GRIEVANCE REPORTING**

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| **SUB-COMPONENT NAME:** |
| **PROJECT SITE (Location of grievance):** |

**Grievance Tracking Number: DMP/ \_\_\_\_\_\_ / BT / \_\_\_\_\_\_ / GR\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **RECEIVING DETAILS** | | | | | 1. **COMPLAINANT’S DETAILS** | |
| **Received on (Date):** | | | | | **Full Name:** |  |
| **Receiving time:** | | | | | **Gender:** | **Male 🞏 Female 🞏** |
| **Means used to log a complaint** *(tick against options provided)* | | | | | **ID Number:** |  |
| **Email** | **Verbally** | | **Phone** | **Others***(specify)* | **Contact Address:** |  |
| **Type of grievance***(tick against options provided)* | | | | | **Phone Number:** |  |
| **Email:** |  |
| **Damage** | | **Theft** | | **GBV/ SEA/ SH** | **Request for Confidentiality? Yes 🞏 No 🞏** | |
| **Project progress** | | **Work**  **quality** | | **Other***(specify)*  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Category of complainant:** | **Beneficiary 🞏 Contractor 🞏 Implementer 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **DESCRIPTION OF THE GRIEVANCE**   *(provide the nature of the complaint including; what happened, when it happened, where it happened, who was involved, and the problem that occurred etc.)* | | | | | | |
|  | | | | | | |
| Complaint received by | | |  | | Name of the complainant |  |
| Signature | | |  | | Signature |  |
| Date | | |  | | Date |  |

**Attached Supporting Documents:**