

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

**FORM 1: GRIEVANCE REPORTING**

|  |
| --- |
| **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:**