TUBBATAHA MANAGEMENT OFFICE

GRIEVANCE FORM

Instructions: Please fill out the form as completely as practicable. Incomplete information will not automatically prevent acceptance of a grievance, provided there is enough detail to understand the concern and determine the next steps. Filing a grievance is free. Anonymous grievances may be accepted when they contain sufficient factual detail, but TMO may be limited in providing updates or determining relief without contact details.

A. For TMO Use Only

Reference No.	
Date Received	
Mode of Filing	☐ Personal appearance ☐ Verbal/telephone ☐ Written ☐ Email ☐ Official messaging channel ☐ Meeting/consultation/field engagement ☐ Other: _____
Received by	
Assigned Grievance Focal Person	

B. Aggrieved Party / Complainant Information

Name	
Organization / Office / Affiliation	
Address	
Contact No. / Email	
Filing as	☐ Directly affected person ☐ Group of affected persons ☐ Authorized representative ☐ Third party acting on behalf of affected person/group ☐ Anonymous
Confidentiality Request	☐ I request that my identity and personal information be treated confidentially, subject to the requirements of the grievance process and applicable laws.

C. Representative Information, if applicable

Name of Representative	
Authority / Relationship to Aggrieved Party	
Contact Details	

D. Nature of Grievance

Please check the item/s that best describe the concern:

☐ Poor service, unreasonable delay, or failure to act	☐ Discourtesy, unprofessional conduct, or improper behavior in relation to official duties
☐ Unclear, inconsistent, or unfair implementation of TMO rules, procedures, or decisions	☐ Concerns involving permits, scheduling, coordination, access, or visitor management
☐ Workplace or field concerns related to safety, welfare, working conditions, or support	☐ Discrimination, exclusion, or unfair treatment
☐ Concerns involving partners, contractors, or service providers engaged in TMO-related activities	☐ Other grievance, concern, suggestion, or feedback related to TMO operations or services: _____

E. Details of the Grievance

Date and Time of Incident / Concern	
Place / Location	
Person, Office, Activity, Vessel, Project, or Service Involved, if known	

Description of facts and circumstances:

What happened? Please provide relevant dates, names, sequence of events, and details.
Actions already taken, if any:
Relief, correction, or outcome sought:
Supporting documents/evidence attached or available:

F. Immediate Risk or Protection Needs

Is there any immediate risk to safety, welfare, confidentiality, evidence, or possible retaliation?	☐ Yes ☐ No ☐ Not sure
If yes, describe the risk or protection needed	

G. Certification and Consent

I certify that the information provided in this form is true and correct to the best of my knowledge. I understand that TMO will handle this grievance in accordance with the TMO Grievance Mechanism Implementing Guidelines, including provisions on confidentiality, data privacy, non-retaliation, referral, and appropriate handling of sensitive or high-risk matters.

Signature / Name of Aggrieved Party or Representative	
Date	

TMO GRIEVANCE FORM – INTERNAL PROCESSING SHEET

This section shall be completed by the Grievance Focal Person, Grievance Committee, PASu, or other responsible office, as applicable.

H. Initial Screening and Classification

Within Scope?	☐ Yes ☐ No ☐ For referral
Immediate Protective / Preventive Action Needed?	☐ Yes ☐ No If yes, action taken/recommended: _____
Initial Classification	☐ Level 1 – Simple Grievance ☐ Level 2 – Grievance Requiring Review ☐ Level 3 – Sensitive or High-Risk Grievance ☐ Outside Scope / For Referral
Date of Screening	
Screened by	

I. Action Taken / Referral

Level 1 Action Proposed / Taken	
Date Communicated to Aggrieved Party	
Level 2 Referral to Grievance Committee	☐ Yes ☐ No Date referred: _____
Level 3 / Outside Scope Referral	Receiving office or authority: _____ Date referred: _____
Interim Protective Measures, if any	

J. Resolution / Appeal / Implementation

Resolution / Recommendation / Corrective Action	
Date Communicated to Parties	
Appeal Filed?	☐ Yes ☐ No Date received: _____
Appeal Committee Decision, if applicable	
Implementation Status	☐ Completed ☐ Ongoing ☐ Extended ☐ Referred ☐ Closed
Implementation Report Submitted?	☐ Yes ☐ No Date: _____

K. Close-Out

Basis for Closure	☐ Completed agreed/approved action ☐ Final response/resolution/decision/referral issued ☐ Written confirmation by aggrieved party ☐ No response within 5 working days after final action ☐ Referred/elevated to appropriate authority
Date Closed	
Closed by	
Close-Out Note	