

## Complaint / Grievance form for Suppliers / Customers /Third Parties

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Organisation Name: \_\_\_\_\_

Form Number: \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reference Number: \_\_\_\_\_

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### A. Complainant Information *(Optional if anonymity is requested)*

- Name (Individual or Organization): \_\_\_\_\_
  - Type of Stakeholder:
    - ☐ Vendor / Supplier
    - ☐ Customer
    - ☐ Community Member
    - ☐ Contractor / Subcontractor
    - ☐ NGO / Civil Society
    - ☐ Partner
    - ☐ Other: \_\_\_\_\_
  - Contact Information (Optional):
    - Phone: \_\_\_\_\_
    - Email: \_\_\_\_\_
    - Address: \_\_\_\_\_
  - ☐ I wish to remain anonymous.
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### B. Complaint / Grievance Details

1. Date of Incident / Concern: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Location (if applicable): \_\_\_\_\_
3. Nature of Complaint / Grievance: *(Check all that apply)*
  - ☐ Ethical Misconduct
  - ☐ Harassment or Discrimination
  - ☐ Fraud, Corruption or Bribery
  - ☐ Health and Safety Violation
  - ☐ Environmental Issue

- ☐ Human Rights Violation
- ☐ Contractual or Financial Dispute
- ☐ Supply chain related
- ☐ Other: \_\_\_\_\_

**4. Detailed Description:**

*(Please describe the issue in detail, including any relevant background information, parties involved, and impact.)*

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**5. Have you reported this elsewhere before?**

☐ Yes

☐ No

If yes, provide details (to whom, when, and outcome):

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**C. Supporting Documentation (if any)**

*(Attach copies of any documents, images, correspondence, etc.)*

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**D. Desired Resolution or Action**

*(Please describe what outcome or resolution you are seeking.)*

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**E. Declaration *(Optional)***

I confirm that the information provided above is accurate and submitted in good faith.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**F. Office Use Only**

- Received By: \_\_\_\_\_

- **Position/Department:** \_\_\_\_\_
  - **Date Acknowledged:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
  - **Investigation Summary / Actions Taken:**
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- **Status:**
  - ☐ Under Review
  - ☐ Resolved
  - ☐ Escalated
  - ☐ Closed
- **Follow-Up Required:** ☐ Yes ☐ No
- **Remarks:** \_\_\_\_\_