



Financing Locally-Led Climate Action (FLLoCA) Program

GRM_GRIEVANCE LODGING FORM

REF NO

<p>1. Grievance Recording Desk</p> <p><i>Project level:</i> <input type="checkbox"/> <i>Ward Committee</i> <input type="checkbox"/> <i>County Level</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/> <i>Please describe</i></p>
<p>2. Name of Person Raising Grievance: <i>(information is optional and always treated as confidential)</i></p> <p><i>Gender:</i> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i></p>

Information for Person Raising Grievance: *(information is optional and confidential)*

ID

Age

E-mail

Phone

Postal Address:

Ward/ Village

Occupation:Disability (Yes/ No): If yes, type of disability:

Member of Vulnerable/Minority Group ... (Yes/ No): If yes, describe:

Location where grievance/problem occurred (write in)				
County	Sub County	Ward	Location	Village
Category of Grievance:				
<input type="checkbox"/> Environmental safeguards, social issues including gender, labor and resettlement	<input type="checkbox"/> Grievances regarding violations of policies, guidelines and procedures	<input type="checkbox"/> Grievances regarding contract violations	<input type="checkbox"/> Grievances regarding the misuse of funds/lack of transparency, or other financial management concerns	<input type="checkbox"/> Grievances regarding abuse of power/intervention by project or government officials
<input type="checkbox"/> Grievances regarding staff performance	<input type="checkbox"/> Reports of force majeure	<input type="checkbox"/> Suggestions	<input type="checkbox"/> Appreciation	
Brief Description of Grievance or Inquiry: <i>(provide as much detail and facts as possible)</i>				

Please include any other information that you consider relevant, other matters or facts, including supporting documents:

Do you request that identity be kept confidential?

Yes No

2. Previous Efforts to Resolve the Complaint

Have you raised your complaint with the grievance mechanism of the County Climate Change Unit (CCU) or the WCCCU?

Yes If YES, please provide the following:

- When, how and with whom the issues were raised.
- Please describe any response received from and/or any actions taken by the CCU level grievance mechanism. Please also explain why the response or actions taken are not satisfactory.

No If NO, why not?

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3. Information on Authorized Representative.
(If Authorized Representatives are not complainants themselves, their names will be disclosed as needed, in order to ensure transparency).

Name	Positions/Organizations	Addresses	Contact numbers	E-mail addresses
<i>Gender:</i> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>				

Please provide evidence of the authority to represent the complainant which must include the complainant's signature.

Do you request that identity be kept confidential?
 Yes No

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Has this matter been the subject of court proceedings? YES/NO

If NO, please give a brief summary of your complaint and attach all supporting documents (Indicate all the particulars of what happened, where it happened, when it happened and by whom)

Place of Submission

Signature of Complainant

Date

SECTION C: For Official Use

Name of Receiving Officer

Date

Action taken

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.....
.....

SECTION D: Acknowledgement Slip

Ref. No. **Date of lodging complaint**.....

Place of submission.....

Signature of receiving officer.....



**MINISTRY OF
FOREIGN AFFAIRS
OF DENMARK**
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