

Appendix B

## Stakeholder Grievance Forms

To be completed by ZRA personnel (if grievance being submitted in person) or person submitting complaint

Grievance Record	
Reference No: (for official use)	
Full Name	
<b>Contact Information</b>  Please mark how you wish to be contacted (letter, telephone, e-mail).	<input type="checkbox"/> <b>Address/village/traditional authority and ward:</b> _____ _____ _____ _____ <input type="checkbox"/> <b>Telephone:</b> _____ <input type="checkbox"/> <b>E-mail:</b> _____
Preferred Language for communication	
<b>Description of Incident or Grievance:</b> What happened? Where did it happen? Who did it happen to? What is the result of the problem?	
Date of Incident/Grievance	
	<input type="checkbox"/> <b>One time incident/grievance</b> (date _____)  <input type="checkbox"/> <b>Happened more than once</b> (how many times? ____)  <input type="checkbox"/> <b>On-going (currently experiencing problem)</b>
<b>What would you like to see happen to resolve the problem?</b>	
<b>Additional Comments:</b>	

A1.2

GRIEVANCE RECORD – TO BE USED AS PART OF THE DATABASE

Grievance Record			
Grievance Number:	Date Submitted:	Target Date for Resolution:	
Name:			
Address and Contact Details			
Grievance Received By:			
Name of Grievance Coordinator:			
Description of Grievance:			
Assessment of Grievance Level:		Notification to CEO or other senior management?	Y/N
Actions to Resolve Grievance			
Delegation to:			
Action	Who	When	Completed Y/N/Date
Response/Resolution:			
Strategy to Communicate Response:			
Sign-Off:			
Date:			
Conclusion			
Is complainant satisfied?	Y/N	Comments from Grievance Coordinator	
Grievance Closed?	Y/N	Grievance Resubmitted?	Y/N
Signature of CEO:		Date:	
Date:		New Grievance Number:	

**A1.3**

**GRIEVANCE RECEIPT FORM – TO BE USED TO ACKNOWLEDGE GRIEVANCES  
SUBMITTED**

<b>Grievance Receipt Form</b>		
Grievance Number:	Date Submitted:	Target date for initial meeting to address grievance:
Name:		
Address and Contact Details		
Grievance Received By:		
Name of Grievance Coordinator:		
Contact details of Grievance Coordinator	Telephone:	
	Email:	
	Address:	