



GRIEVANCE REGISTRATION FORM

GENERAL	
Project	
Case #	
Complainant full Name	
Contact Information Please mark how you wish to be contacted (mail, telephone, e-mail).	<input type="checkbox"/> By Post: <i>(Please provide mailing address)</i> _____ _____ _____ <input type="checkbox"/> By Telephone: _____ <input type="checkbox"/> By E-mail: _____
IDENTIFICATION OF THE CONCERN / INCIDENT / GRIEVANCE	
Description of Concern / Incident / Grievance What is your grievance? What happened? Where did it happen? Who did it happen to? What is the result of the problem?	
Date of Concern / Incident / Grievance	<input type="checkbox"/> One-time incident/grievance (date _____) <input type="checkbox"/> Happened more than once (how many times? ____) <input type="checkbox"/> On-going (currently experiencing problem)
RESOLUTION PROPOSAL	
What would you like to see happen to resolve the problem?	
Date: _____	
Please return this form to: <ul style="list-style-type: none"> zinasolaire@ameapower.com, apolline.some@zinasolaire.com Tel: +226 77 58 03 33 	