BMT BASRA MULTIPURPOSE TERMINAL	COMMUNITY GRIEVANCE FORM	Doc. No:	QM-FR-63
		Issue Date:	23-03-2025
		Rev. Date:	23-03-2025
		Rev No.	00

1. Details of the Originator (Please tick here ☐ if you want to be anonymous & continue on Section 2)

Name/ Organization/On behalf of:_____

Phone :_____

Email :_____

Address :_____

This information will not be shared with anyone; If you feel you belong to a vulnerable group like displaced persons, minorities, women at risk, please let us know so we can handle your case with extra support. We will be glad to assist you can also reach to BMT via sending a mail to compliance@bmtiq.com or by a simple call to +96478091499814

How should BMT reach out to you to update you?

☐ Phone
☐ Email
☐ In person
☐ Other- tell us please how:_____

2. Nature of the Grievance (Tell us more about what happened, what concerns you and/or what you want to complain about?)

What Happened:

When did it happen?		**Where did it happen?**	
Who/what was impacted/affected?			
How were they impacted?			
What do you want to do? What actions should BMT take?			
Signature		Date	

BMT use only

Date of Receipt		**Grievance Number**	
Received Via: ☐ In person ☐ Hotline ☐ Website/Social Media ☐ Other:_____	Type of the Grievance: ☐ Health and Safety Concern ☐ Environmental Impact ☐ Discrimination & Fair Treatment ☐ Employment/Worker Treatment ☐ Privacy & Ethics	☐ Land Use / Access Issue ☐ Labour Rights ☐ Community Relations ☐ Security	Other (please specify):