



PUBLIC GRIEVANCE FORM

REFERENCE NUMBER:	
FULL NAME:	
CONTACT INFORMATION: <i>(Please mark how you would like to be contacted: mail, telephone, email, in person)</i>	By Post: <i>Please provide mailing address</i> By telephone: By Email:
PREFERRED LANGUAGE FOR COMMUNICATION:	
TYPE OF GRIEVANCE:	Individual: <input type="checkbox"/> Group: <input type="checkbox"/> Community: <input type="checkbox"/>
DESCRIPTION OF INCIDENCE OR GRIEVANCE:	<i>What happened? Where did it happen? Who did it happen to? What is the result of the problem?</i>
HAS THIS GRIEVANCE BEEN RAISED PREVIOUSLY BY YOU OR ANYONE ELSE?	No <input type="checkbox"/> Yes <input type="checkbox"/> Details:
DATE OF INCIDENCE GRIEVANCE:	One time incidence/grievance (date ...) Happened more than once (how many times ...) On-going (currently experiencing problem)
WHAT WOULD YOU LIKE TO SEE HAPPEN TO RESOLVE THE PROBLEM?	
Signature: Date: Please return this form to: Community Liaison Officer <i>[Add details of contact]</i>	
ASSESSMENT CATEGORY	Compensation Land etc
GRIEVANCE ACCEPTED Yes / No	
RESPONSE/ FOLLOW UP (SUMMARY OF RESPONSE AND CORRECTIVE ACTIONS TAKEN)	
RESPONSE TO APPLICATION Date: Person: Observations:	
CORRECTIVE ACTION AND SIGN-OFF Applicant satisfied with corrective action Yes / No (Details) Is further action required No / Yes (Details) If Yes, date sign-off received from Application:	