SCWRP
Grievance Intake
Annex 2

SECTION 1 - COMPLAINANT DETAILS

Case Number: SCWRP-001

Complainant Type

Complainant Name:

Date Received:

Address:

Received by:

Contact Information:

Gender:

Vulnerability Category:

Disability Category:

Age:

Accommodations Requested:

Confidentiality Request:

Preferred Contact Method :

SECTION 2 - INCIDENT INFORMATION

Date of Incident:

Location:

Mode of Receiving the Grievance:

GIS Coordinates:

Frequency of Incident:

Project Component:

SECTION 3 - GRIEVANCE TYPE

Grievance Type:

SECTION 4 - DESCRIPTION OF THE GRIEVANCE

Description of Incident:

Date of Incident:

Previous Reporting:

SECTION 5 - REQUESTED REMEDY

Requested Remedy:

INTERNAL USE ONLY

SECTION 6 - RESOLUTION PROCESS

Initial Risk Assessment:

Immediate Escalation Required:

Escalated to:

Date Escalated:

SECTION 7 - ACKNOWLEDGEMENT

Complaint Received by:

Assigned Officer:

Date:

Position:

Date Investigation Started:

Communication of Outcome:

Date Investigation Completed:

Complainant Satisfied:

Investigation Findings:

Closure Verified by:

Action Required:

Date: