**RURHEM ADR CENTRE, BENIN CITY**

**GRIEVANCE SUBMISSION**

RAC_25/GRM/Offline/No _____

A. Complainant Information

Your Name (*)

Your Adress(*)

Gender: ◯ Male ◯ Female ◯ Prefer not to say

Employee/Job title (*)

Employer Name

Organization/Community Represented

Telephone (*)

Email (*)

Preferred Communication Method ◯ Email ◯ Phone ◯ In-person

Who is Complaning? (*)

☐ Service Affected Persons (SAPs). A stakeholder, member of the community or any party raising concern about our services/activities as it affects them directly or indirectly.

☐ RAC Workers – Internal-facing individual that is a direct in our firm

B. Grievance details

Date of Grievance

*dd/mm/yy

Place where the event Occurred (*)

Source of Grievance / Complaint

Explanation of Incident (*)

Event/Person being complained about (*)

C. Grievance Submission

Have you ever filed the same grieviance before (*) ◯ Yes ◯ No

Do You wish to remain anonymous? (*) ◯ Yes ◯ No

Submit Grievance ☐ Tick to agree to our Privacy Policy