

GRIEVANCE FORM



1. COMPLAINANT INFORMATION

Title: Name: Surname:

Organization:

I would like to be informed by email about the progress of the case.

E-mail: Phone number:

Address:

I wish to remain anonymous.

(Anonymous grievances will be reviewed, but communication may be limited)

2. WHAT IS THE GRIEVANCE ABOUT? (please tick all that apply)

Environmental impact
(water, air, noise, biodiversity)

Impact on vulnerable groups

Community health and safety

Communication / lack of information

Access to land, property, or resources

Other (please specify):

Labor conditions and workers' rights

3. DESCRIPTION OF THE ISSUE *

Date: Location of incident:
(Address/GPS coordinates/Project site)

Details of incident: *(Please describe in detail the situation, when it occurred, and what happened)*

4. SUPPORTING EVIDENCE OR DOCUMENTS

Photos

Others (please specify):

Witness statements

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5. ACTIONS TAKEN SO FAR (IF ANY)

6. DESIRED RESOLUTION OR ACTION

Date of submission:

Signature:

(if submitting on paper)

WHAT HAPPENS AFTER SUBMISSION:

1. Your grievance will be registered in the project grievance mechanism system.
2. You will receive an acknowledgment (if not anonymous).
3. A response will be provided within 30 calendar days, unless further investigation is required.
4. All information will be treated confidentially. Complainants will not be subject to retaliation or sanctions.

GRIEVANCE CONTACT INFORMATION

✉ info@wabi-sabi-pv.at

* If you need more space, please use a separate sheet. Be sure to sign and date it, and attach it to this form.