Grievance Form Template

Full Name:	
Designation:	
Address	
Contact Information (Phone, email):	
Contact Preference	☐ By mail (please provide mailing address):
	☐ By telephone (please provide telephone number):
	☐ By e-mail (please provide e-mail address):
Preferred language for communication	[insert other applicable language(s)]
	☐ English
	☐ Other, please specify:
If a complaint is made through a representative, the name/s of the person/s on whose behalf the complaint is made.	
Does the aggrieved party wish to keep their identity confidential?	□ Yes □ No
Describe the grievance. What happened? How is this clearly connected with Our Future Forests Project? Where did it happen? Who did it happen to? What is the result of the problem?	
Briefly describe the impact of the occurrence.	
Date/time of its occurrence:	☐ One time incident/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?		
Please return griovance form to:		
Please return grievance form to:		
Monitoring and Evaluation Manager - AGM Coordinator,		
Our Future Forests - Amazonia Verde Project		
Conservation International		
Telefone:		
Email: (amazonialistensCOUNTRY@conservation.or	·g)*	

^{*}Please update e-mail address according to country.