

GRIEVANCE FORM**DATE:****Please provide the following information to help us address your grievance effectively:****1. Personal Information:**

a. Full Name:

b. Contact Number:

c. Email Address:

e. Ward Number:

d. Branch Name:

2. Nature of Grievance: Briefly describe the issue/incident that led to your grievance: consult the code of conduct**3. Date and Time of Incident:****4. Location of Incident: Where did the incident take place? Please provide the name of the venue or address:****5. Individuals Involved: Name(s) of the person(s) directly involved in the incident:**

Name & Surname:

Tel:

How is the person involved:

b. If applicable, provide the names of any **witnesses** to the incident:

Name & Surname:

Tel:

What did the person witness ?

6. Detailed Description:

a. Please provide a detailed account of the incident, including any relevant conversations, actions, or behaviors:

7. Impact and Consequences: a. How has this incident affected you personally or professionally?

b. Have there been any consequences as a result of the incident? If yes, please specify:

YES

NO

8. Previous Actions Taken:

a. Have you taken any previous actions to address this grievance? If yes, please describe:

YES

NO

9. Desired Outcome: a. What resolution or outcome are you seeking through this grievance process?**10. Supporting Documentation:**

a. If you have any supporting documents, such as photographs, emails, or other evidence related to the incident, please attach them to this form: mark the block blow with an "X" to confirm the evidence in attached.

documents:

photographs:

emails:

other:

Please note that all information provided will be treated confidentially and used solely for the purpose of addressing your grievance.