


## **APPENDIX E EACOP PROJECT GRIEVANCE FORM**

## E1 GRIEVANCE REGISTRATION FORM

Grievance No:		YYYY/MM/DD-Subcounty-Village #		Original: COMPLAINANT		Copy: EACOP	
<div> <b>EACOP UGANDA - GRIEVANCE REGISTRATION FORM</b> </div> <div style="text-align: right;">District:</div>							
NAME:		SURNAME:		Date:		Impacted location	
TELEPHONE N°				Name of Subcounty:			
EMAIL				Name of Parish:			
GPS coordinates of the impacted location		X:		Y:			
Residential Location of the Impacted Person				Project phase (pre-construction/			
Gender (M/F):		Organization name					
Profession/Main Occupation							
<b>B. Details of the witness or third party (if</b> NAMES:		SURNAME:		Name of Subcounty:			
TELEPHONE N°				Name of Parish:			
EMAIL				Name of Village:			
Gender (Tick)		Male		Female		Photo N°	
Profession/Main Occupation:							
<b>C. Grievance Category (tick)</b> G1-Land and housing G2-Livelihoods (Economic Loss) G3-Employment and supply chain G4-Environment&health (Nuisances/Pollution) G5-Safety& Logistics G6-Social conduct and security G7-Cultural Heritage G8- Social Investment Projects G9- Engagement and Communication Other Sub category (choose in the appended list)		<b>Description of Complaint</b>					
Request for confidentiality? Yes/no				Documents attached			
Method of receipt (in person, phone, letter)							
Complainant's Name/Signature				CRC/CLO Name and Signature			
Witness (if any) Name/Signature							
<b>D. Acknowledgement of Receipt of a Grievance</b> Dear Madam / Sir,  The Company acknowledges receipt of your grievance N °....., dated ...../...../20.....  On behalf of EACOP, I thank you for choosing to report and to seek redress of your concern or grievance directly with the Company. Your grievance is being investigated and the Company will inform you of its decision within thirty (30) working days. During this period the Community Relation Coordinator / Community Liaison Officer Mr/Ms.....is your Primary point of contact and information with the Company.  You can contact them on : .....Or on the Toll Free line 0800 780 068							

## E2 GRIEVANCE ACCEPTANCE & CLOSURE FORM

 <b>EACOP UGANDA - GRIEVANCE ACCEPTANCE AND CLOSURE FORM</b>		District: _____	
<b>Grievance No:</b> _____		Original: COMPLAINANT	Copy: EACOP
<b>A. Details of Complainant</b>		Date: _____	
NAME:	SURNAME:	Impacted location	
		Name of Subcounty:	
		Name of Parish:	
TELEPHONE N°		Name of Village:	
EMAIL		Photo N°	
<b>B. Last solution proposed and accepted</b>			
Describe solution below, sign the Grievance close Out Section E and proceed to Close-Out the grievance			
<b>C. Grievance Close Out</b>			
<b>Section 1 - Acceptance by the Complainant</b>			
I, ....., accept the solution proposed by EACOP described above. Once this solution has been implemented, I will make no further claim on the same grounds.		Date and signature of Complainant	
Witness (if any) I, ....., in my quality of witness and acting on behalf of the Complainant, confirm that the Complainant has accepted the solution proposed by EACOP.		Date and signature of Witness	
<b>Section 2 - Confirmation of the full implementation of the proposed solution</b>			
I, the undersigned, ....., confirm the full and satisfactory implementation of the proposed solution by EACOP.		Date and signature of Complainant	
Witness (if any) I, ....., in my quality of witness and acting on behalf of the Complainant, confirm that the solution described above has been fully implemented.		Date and signature of Witness	