

Digital West Bank and Gaza Project
Complaint Application Form

Date:

Complaint No:

Section 1: Complainant Information

Name (Optional):

ID Number (Optional):

I request anonymity YES / No (complaint will be
anonymously referred to the relevant departments)

If an institute, name of institute submitting a grievance:

Status: Individual / Agent / Guardian / Custodian

Gender: Male / Female

Age (for individuals only): _____ Date of Birth: / /

Email: _____ @ _____ . _____

Section 2: Grievance Details

Grievance Subject:

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Grievance Submitted Against:

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Is the grievance being investigated / Has been investigated by the court?

YES / No

Details:

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Did you submit a grievance with regard to the same subject previously?

YES / No

Date: / /

Details:

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Name/ title of department or party that the grievance has been previously submitted against: _____

Did you receive a response to your previous grievance?

YES / No

Date of Response: / /

Details of Response:

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Section 3: Attachments and Supporting Documents:

- 1-
- 2-
- 3-
- 4-

I state and certify that I the complainant
(Name)_____ have submitted all true
information and that the attachments are real and truthful, and I commit and certify
that I am fully responsible for the truth and accuracy of the information and
documents provided. If it has been determined that the information is incorrect and
different to what has been submitted, I take full legal responsibility.

To which I certify and sign

- Signature of the complainant _____
Date / /
- Signature of the person assisting the complaint to submit the complaint (if
available)

_____ Date / /

- Name of Employee receiving the complaint _____
- Signature of employee receiving the complaint _____
Date / /

Section 4: (For the Use of the Project Environmental and Social Specialist)

Recommendations:

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Accept / Decline the grievance

If declined, please provide reasons:

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Date: / /

Signature: _____