

## Annex 1: Sample Incident Form

This Incident Form provides an accessible and effective channel for reporting grievances or concerns and ensures transparent and impartial handling of all grievances.

Full Name:	
Address:	
Contact Information (Phone, email):	
Contact Preference	<input type="checkbox"/> By mail (please provide mailing address): <input type="checkbox"/> By telephone (please provide telephone number): <input type="checkbox"/> By e-mail (please provide e-mail address):
Preferred language for communication	<input type="checkbox"/> <i>[insert other applicable language(s)]</i> <input type="checkbox"/> <b>English</b> <input type="checkbox"/> <b>Other, please specify:</b>
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the grievance. What happened? Where did it happen? Who did it happen to? What is the result of the problem?	
Date/time of its occurrence:	<input type="checkbox"/> One time incident/grievance. Please provide date of occurrence: <input type="checkbox"/> More than once (how many times? When?) <input type="checkbox"/> On-going (currently experiencing problem)
What would you like to see happen to resolve the problem?	