



REPUBLIC OF KENYA
THE NATIONAL TREASURY AND ECONOMIC PLANNING
FINANCING LOCALLY-LED CLIMATE ACTION (FLLoCA) PROGRAM



GRM_GRIEVANCE LODGING FORM

REF NO

1. Grievance Recording Desk

Project level: *Ward Committee* *County Level* *Other* *Please describe*

.....

2. Name of Person Raising Grievance: *(information is optional and always treated as confidential)*

Gender: *Male* *Female*

Please indicate if acting on Representative Capacity

Information for Person Raising Grievance: *(information is optional and confidential)*

ID *Age*

E-mail Phone

Postal Address: Ward/ Village

Occupation: Disability (Yes/ No): If yes, type of disability:

Member of Vulnerable/Minority Group ... (Yes/ No): If yes, describe:

Please Confirm if Acting on Representative Capacity

Location where grievance/problem occurred (write in detail)

County	Sub County	Ward	Location	Village

Category of Grievance:

<input type="checkbox"/> Environmental safeguards, social issues including gender, labor and resettlement	<input type="checkbox"/> Grievances regarding violations of policies, guidelines and procedures	<input type="checkbox"/> Grievances regarding contract violations	<input type="checkbox"/> Grievances regarding the misuse of funds/lack of transparency, or other financial management concerns	<input type="checkbox"/> Grievances regarding abuse of power/intervention by project or government officials
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<input type="checkbox"/> Grievances regarding staff performance	<input type="checkbox"/> Reports of force majeure	<input type="checkbox"/> Suggestions	<input type="checkbox"/> Appreciation
Brief Description of Grievance or Inquiry: <i>(provide as much detail and facts as possible)</i>			
Please include any other information that you consider relevant, other matters or facts, including supporting documents:			
Please suggest preferred settlement/resolution for the complaint to be closed. (what corrective action would close the grievance?)			
Do you request that identity be kept confidential?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Previous Efforts to Resolve the Complaint

Have you raised your complaint with the grievance mechanism of the County Climate Change Unit (CCU) or the WCCCU?

Yes

If YES, please provide the following:

- When, how and with whom the issues were raised.
- Please describe any response received from and/or any actions taken by the CCU level grievance mechanism. Please also explain why the response or actions taken are not satisfactory.

No

If NO, why not?

3. Information on Authorized Representative.

(If Authorized Representatives are not complainants themselves, their names will be disclosed as needed, in order to ensure transparency).

Name	Positions/Organizations	Addresses	Contact numbers	E-mail addresses

<i>Gender:</i> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>				
Please provide evidence of the authority to represent the complainant which must include the complainant's signature.				
Do you request that identity be kept confidential?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Has this matter been the subject of court proceedings? YES/NO				
If NO, please give a brief summary of your complaint and attach all supporting documents (Indicate all the particulars of what happened, where it happened, when it happened and by whom)				

Place of Submission

Signature of Complainant

Date

SECTION C: For Official Use

Name of Receiving Officer

Date

Action taken

.....

.....

.....

SECTION D: Acknowledgement Slip

Ref. No. **Date of lodging complaint**.....

Place of submission.....

Signature of receiving officer.....



COUNTY GOVERNMENT OF LAIKIPIA

DEPARTMENT OF WATER, ENVIRONMENT, NATURAL RESOURCES & CLIMATE CHANGE

DIRECTORATE OF CLIMATE CHANGE

P.O. BOX 1271-10400 NANYUKI

Email: info@laikipia.go.ke

DATE:

GRIEVANCE CLOSURE FORM

GRIEVANCE REF NO

Grievance Recorded ON at.....

Name of Person/Organization Raising Grievance:

Brief Description of each Grievance or Inquiry and Proposed Resolution

Description

Grievances Raised

i.

ii.

iii.

Agreed Settlement/ Resolution to Close Each Grievance

Ser	Grievance /Complaint	Agreed Resolution/Settlement
1		
2		
3		
4		
5		
6		
7		

Additional Agreements

- 1.
- 2.
- 3.

SIGNATURES OF THE PARTIES CONFIRMING ACCEPTANCE OF RESOLUTION & CLOSURE OF GRIEVANCE

FOR the Complainant

Name:

Designation

Signature &Date

FOR the COUNTY GOVERNMENT

Name:

Designation

Signature &Date