

Annex 2: Table 1a: Public Grievance Form – English

Public Grievance Form	
Reference No. (assigned by Implementation Partner):	
Please enter your contact information and grievance. This information will be dealt with confidentially. Please note: If you wish to remain anonymous, please enter your comment/grievance in the box below without indicating any contact information – your comments will still be considered by	
Full Name	
Anonymous submission	<input type="checkbox"/> I want to remain anonymous
Please mark how you wish to be contacted (mail, telephone, e-mail).	<input type="checkbox"/> By mail (please provide mailing address): <hr/> <input type="checkbox"/> By telephone (please provide telephone number): <hr/> <input type="checkbox"/> By e-mail (please provide e-mail address): <hr/>
Preferred language for communication	<input type="checkbox"/> Swahili <input type="checkbox"/> English <input type="checkbox"/> Other, please specify: _____
Description of incident or grievance:	What happened? Where did it happen? Who did it happen to? What is the result of the problem?
Location of the incidence (e.g. MIMP, Delta, name of the district)	
Date of incident/grievance: _____	<input type="checkbox"/> One-time incident/grievance (date _____) <input type="checkbox"/> Happened more than once (how many times? _____) <input type="checkbox"/> On-going (currently experiencing problem)
What would you like to see to resolve the problem?	

Annex 2: Table 1b: Public Grievance Form – Kiswahili

Fomu ya Malalamiko	
Kumbukumbu Namba.....(Kwa ajili ya watekelezaji wa Mradi)	
Tafadhari ingiza taarifa zako na lalamiko/malalamiko .Taarifa hizi zitafanyiwa kazi kwa usiri Tafadhali Kumbuka: Kama utataka kutokujulikana ,Tafadhari andika maoni au lalamiko/malalamiko kwenye kibox hapo chini bila kuweka taarifa zako na lalamiko/malalamiko au maoni yatashughulikiwa kikamilifu.	
Jina Kamili	
Kwa wasiotaka kujulikana	<input type="checkbox"/> Nataka nisijulikane
Tafadhari weka tiki namna unavyotaka tuwasiliane nawe(Barua pepe, au namba ya simu).	<input type="checkbox"/> Kwa barua (Andika sanduku la posta hapa): <hr/> <input type="checkbox"/> Kwa namba ya simu (Andika namba yako ya simu hapa): <hr/> <input type="checkbox"/> Kwa barua pepe (Andika barua pepe yako hapa): <hr/>
Lugha ya Mawasiliano unayopendekeza	<input type="checkbox"/> Kiswahili <input type="checkbox"/> Kiingereza <input type="checkbox"/> Kama lugha nyingine, Tafadhali eleza: _____
Mahali lilipotokea lalamiko (wilaya, eneo la kazi (delta, eneo la hifadhi Mafia n.k)	
Tafadhari elezea tukio /lalamiko/malalamiko:	Nini kilitokea? Wapi /mahali /eneo? Nani alifanya au kufanyiwa? Matokeo ya tatizo yalikua nini?
Tarehe ya Tukio/lalamiko/malalamiko: _____	<input type="checkbox"/> Tukio la mara moja(Tarehe _____) <input type="checkbox"/> Tukio la Zaidi ya mara moja au Zaidi?(Tarehe _____) <input type="checkbox"/> Tukio linaendelea(Tatizo/lalamiko/malalamiko Bado lipo/yapo) ?Tarehe _____)
Nini kifanyike au kitokee ili kutatua tatizo/lalamiko /malalamiko haya?	

