**COMPLAINTS REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of complaint |  | Name of Accountability Officer |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First Name of complainant |  | Last Name of the complainant |  |
| Nationality |  | ID or Ration card number |  |
| Gender of the complainant | Male  Female | Complainant type | Beneficiary  Community Leader  Government Authorities  Other, please specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Age |  |
| Shelter # | Shelter # | | |
| Contact Number (If available) |  | | |
| Complaint is related to following activity | Shelter  WASH  NFIs  Food/voucher distribution  Jobs/cash for work/livelihoods  Health  Education  Registration  Child protection  SGBV  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Description of the complaint:**

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| --- |
| What is the complaint about? |
| Where did this happen? |
| Who is involved? |
| What type of evidence do you have? |

Thank you for improving the quality of our programmes. We will follow up on your complaint and will come back to you. If you have further information, please call: