

**GRM REGISTRATION FORM**

<b>Name:</b>	
<b>1. Phone Number:</b>	
<b>2. Other means of contact:</b>	
<b>3. Community/Other:</b>	
<b>4. Age:</b>	
<b>5. Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	
<b>6. Any other relevant information:</b>	
<b>7. Anonymous</b>	
<b>8. Type of complainant:</b>	
a) Affected person(s)	<input type="checkbox"/>
b) Intermediary (on behalf of AP)	<input type="checkbox"/>
c) Civil society organization	<input type="checkbox"/>
d) Local Government Institution	<input type="checkbox"/>
e) Other (specify)	<input type="checkbox"/>
<b>9. Means of receipt of complaint:</b>	
a) Letter	<input type="checkbox"/>
b) Telephone call	<input type="checkbox"/>
c) Email	<input type="checkbox"/>
d) Verbal complaint	<input type="checkbox"/>
e) Suggestion box	<input type="checkbox"/>
f) Other (specify)	<input type="checkbox"/>
<b>10. Project Issue / Complaint?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>11. Brief description of the problem:</b>	
<b>12. Prior actions taken by the claimant (if any):</b>	
<b>13. Other information and/or documents relevant to the complaint</b>	