

	Document title	Revision: 1
	<b>FORM</b> <b>GRIEVANCE RECEIPT/RECORD FORM</b>	Date: 18/08/17
	Reference: <b>OOPC/Form 1.53</b>	Page 1 of 1

Nature of Grievance *(Please tick (✓) the applicable box)*

Minor

Medium

Major

Grievance type:

Internal

External

Reference No:		
Name of Recipient		
Position of Recipient <i>(e.g. CLO, CO, HSE)</i>		
Full Name Of Complainant <i>(N/A if grievance is anonymous)</i>	First Name:	
	Last Name:	
Contact information <i>(Include information on preferred method of contact)</i>	Address:	
	Telephone:	
	Email:	
Preferred language	Include Location Specific Languages <i>(If necessary)</i>	
Grievance owner <i>(Name of HOD/Unit Head Department, Govt. &amp; Communities)</i>		
Title of grievance		
Description of grievance	<i>(Attach an extra sheet if needed)</i>	
Date and Location of grievance		
Type of Impact on the Company/Communities		
Evidence Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Description of Attached Evidences		
Date and Signature	Complainant:	Recipient:

*All grievances will be officially received with a receiving stamp and recorded in the OOPC Grievance/Information Request Creation (OOPC/Form 1.55) at the HSE Department*