

REPUBLIC OF LIBERIA
MONROVIA CITY CORPORATION (MCC)
Cheesemanburg Landfill and Urban Sanitation Project (CLUS)

Grievance Redress Form

Name of Community (Grievance Office): _____

Grievance Number: _____

1.	Complaint Registration Date	
2.	Name of Person filing Grievance/Complaint	
3.	Address of Person filing Complaint	
4.	Gender of Person filing Grievance	<input type="checkbox"/> Male <input type="checkbox"/> Female
5.	Contact #s of Person filling Complaint	
6.	Name and contact # of Community Representative Present	
7.	Preference for anonymity or confidentiality	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<p><u>Nature of Grievance/Complaint:</u></p> <p>Unfair Compensation b. Disputed Ownership of Property</p> <p>Consultation d. Affected by Project Activities</p> <p>Others (Please Specify):</p>	
9.	Description of Grievance/Complaint:	

	Feedback from Grievance Committee/Officer:	
	Proposed Date for Investigation:	
10.	Date of Investigation	
11.	Was Complainant Present?	Yes 2. No
12.	Was Field Verification of Grievance/ Complaint Conducted?	Yes 2. No
13.	Findings of Field Verification/Complaint:	
14.	Summary of Investigative Decision:	
15.	Was Agreement Reached?	Yes 2. No

16.	If Agreement Was Reached, Please Detail Agreement:	
17.	If Agreement Wasn't Reached, Please Detail Disagreement:	
18.	Any Pending Issues? Please State:	
19.	Duration of complaint investigation and Resolution: (1-2 Weeks) B. (2-3 Weeks) C. (3-4 Weeks) D. (5 Weeks and above)	
20.	Name & Signature of Community Liaison/Safeguard Officer (Investigator)	
21.	Signed Complainant	
22.	Signed Independent Observer (Witness)	
23.	Complaint Resolution/Transfer Date	



Republic of Liberia

CHEESEMANBURG LANDFILL URBAN SANITATION PROJECT (CLUS)

PROJECT IMPLEMENTATION UNIT (PIU)
Monrovia City Corporation Compound
UN Drive and Lynch Streets, Central Monrovia
P. O. Box 9029
1000 Monrovia, 10 Liberia



Email: info@clusproject.org

Tel: (+231) 778-752-872

CERTIFICATION OF GRIEVANCE RESOLUTION FORM

I _____ the undersigned certify that I am in full agreement, and satisfy with the decision reached in redressing my complaint.

Summary of Complaint	
Complaint Registration Date	
Agreed Decision Reached	
Date of Complaint Resolution	

Signed: _____

Date: _____

Contact #:

Witness: _____

Date: _____

Full Name:

Contact #: