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Invest Energy Group

Formal Grievance Form

Doc. Ref. : IESB/GF/001

Rev. No. :1

Rev Date : 21st Feb 2022

DATE	
FIRST NAME	LAST NAME
COMPANY/ORGANISATION	
COMPANY ADDRESS	
IOD TITLE	
JOB TITLE	
	ENAM ADDRESS
PHONE NUMBER	EMAIL ADDRESS
STATUS	PLEASE TICK VOUR RESPONSE BELOW
EMPLOYEE	
VENDOR	

OTHERS (PLEASE SPECIFY)

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GRIEVANCE INFORMATION

Please provide a detailed account of the incident/event including names of any persons involved. Attach any evidence necessary.

Date of Incident	
Time of Incident	
Location of Incident	
	<u> </u>
Please describe the incident/grievance	in detail below.

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witnessed the inci-	names and contact details if there are others who have dent.
	<u></u>
s this the first time	e you have raised this concern?
YES	NO
	suggestions/solutions for resolving the complaint? If so,
	ir proposea suagestions/solutions pelow.
	ır proposed suggestions/solutions below.
	ir proposed suggestions/solutions below.
<u> </u>	ir proposed suggestions/solutions below.
	ir proposed suggestions/solutions below.

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Do you have any additional information or complaints? If so, please outline				
them belo	w.			
What specific remedy do you want to rectify the situation?				
What spec	ific remedy do you want to rectify the situation?			
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Please keep a copy of this form for your records. As the Grievance Raiser, your signature below indicates that the information provided above is truthful.

Name:		
Signature:		
Date:		
Received & Acknowledged by IESB:		
Name:		
Designation:		
Date of Acknowledgement:		