Recommended format for filing a complaint

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| CAF Logo Color Vertical .jpg | | **Environmental and Social Grievance Redress Mechanism (ESGRM)** | | | | | | | | | |
| **Filing a complaint** | | | | | | | | | |
| 1. **Complainant identification** | | | | | | | | | | | |
| Is a representative filing this complaint on behalf of the complainant? | | | | | | | | Yes |  | No |  |
| The complainant has the right to confidentiality ¿Do you want to waive this right? | | | | | | | | Yes |  | No |  |
| Please indicate the name(s) of the person(s), whether representative(s) or direct complainant(s), submitting the complaint. | | | | | | | | | | | |
| Name | | | | Mailing address | | Phone | E-mail address | | | | |
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| 1. **Identification of the Operation** | | | | | | | | | | | |
| Please indicate the name of the CAF-financed Operation for which you wish to file a claim. | | | | |  | | | | | | |
| Please indicate, as precisely as possible, the location of the Operation (address, city, country). | | | | |  | | | | | | |
| If known, please indicate the name of the Executing Agency and/or the construction company. | | | | |  | | | | | | |
| 1. **Subject of the complaint** | | | | | | | | | | | |
| Please describe how you, those you represent, or the environment have been, or are likely to be, adversely affected by the environmental and social impacts of the Operation. | | | | |  | | | | | | |
| What are the results you expect to obtain as an outcome of CAF’s ESGRM process? | | | | |  | | | | | | |
| 1. **Operation's Complaint and Grievance Mechanism (CGM)** | | | | | | | | | | | |
| Please describe the efforts and results obtained before the Operation's Complaints and Grievance Mechanism (CGM) and the unresolved aspects of the problem. | | | | |  | | | | | | |
| Please mention any other relevant aspect or fact that you consider relevant and for which documentary evidence can be provided. | | | | |  | | | | | | |
| 1. **Support documentation** | | | | | | | | | | | |
| Please list below the documentation attached to this complaint in support of your request. | | | | | | | | | | | |
| No. | Date | | Name of document | | | | | | | | |
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I accept that CAF processes the personal data provided in this form for the purpose of addressing the claim presented. \*

I have read and accept the [Privacy Policy.](https://www.caf.com/en/data-privacy-policy/)\*

\* Required fields