**Annex 1: Tier 1 Grievance Submission Form**

(Contractor Letter Head)

Form number (for office use):

Contractor’s Address

……………., Maldives

**Grievance Form – Tier One**

**Project: Maldives APVAX Project**

**Part 1: Complainant/ Aggrieved Party Information**

Name:

ID card number:

Contact number:

Current Address:

Signature:

**Part 2: Details of Complainant/ Aggrieved Party**

Event leading to Grievance:

Proposed Solution:

**Part 3: Received by (for office use only):**

Name:

Designation:

Signature:

Date of Grievance submission:

Time of Grievance submission:

Official Stamp

**Note:**

1. This grievance form is for the first tier of the GRM of the Maldives APVAX Project
2. If the aggrieved party is not satisfied with the response from the contractor or did not get a response within 14 working days, the aggrieved party may proceed to Tier 2 of the GRM. Details of GRM will be available at the reception counter of Contractor and Ministry of Health.
3. This form shall be submitted to;

Site Office, Contractor’s Address

Male’, Republic of Maldives

1. A copy of this form shall be provided to the aggrieved party upon completion of the Part 3: Received by: section of this form.
2. Grievances for second tier shall be submitted with designated grievance form for Tier 2. When submitting the second-tier grievance form, the aggrieved party is encouraged to submit a copy of first tier grievance form and reply from the contractor. The Second-Tier grievance form shall be submitted to the Ministry of Health. This form will be available at the reception counter of Ministry of Health and their website.