**Annex 2: Tier 2 Grievance Submission Form**



Form number (for office use):

Ministry of Health

Male’, Maldives

**Grievance Form – Tier Two**

**Project: Maldives APVAX Project**

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

Name:

ID card number:

Contact number:

Current Address:

Signature:

**Part 2: Reason for submission of grievance**





**Part 3: Documents submitted along with this form**



****

**Part 4: 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 second tier of the 2-tier grievance redress mechanism (GRM) for Maldives APVAX project.
2. Details of GRM will be available at the reception counter and website of Ministry of Health.
3. This form shall be submitted to;

Ministry of Health

Roashanee Building, Sosun Magu,

Male’, Maldives

Telephone number: 3328887

Email address: moh@health.gov.mv

1. A copy of this form shall be provided to the aggrieved party upon completion of the Part 4: Received by: section of this form.