

# COMPLAINT FORM

Please provide the following details for any grievance, suspected serious misconduct or any breach or suspected breach of law or regulation. Please note that you may be called upon to assist in the investigation, if required.

Once the form is filled out, you can send it to the following contact person:

Name	Position	Phone number	Email
Said Ali Mbarouk	Board member	+255 779 955 778	smbarouk@kwanini.foundation
Matthew Saus	Board member	+255 774 218 414	matt@kwaninifoundation.org

<b>COMPLAINANT'S CONTACT INFORMATION</b>	
NAME	
ADDRESS	
CONTACT NUMBER	
E-MAIL ADDRESS	
VALID PROOF OF REPRESENTATION <i>If the complaint is filled by the representative of a legal person/entity</i>	
<b>COMPLAINT</b> <i>Briefly describe your grievance and related misconduct/improper activity and how you know about it. Specify what, who, when, where, how and the resulted harm. If there is more than one grievance, number each one and use as many pages as necessary.</i>	
1. What is your grievance ? What are the principles that were breached? <i>Provide as many elements as possible</i>	
2. Can you describe the project or programme concerned?	
3. Can you describe the harm that results or may result from it?	
4. Who committed the misconduct/ is responsible for it?	
5. When and where exactly did it happen?	
6. Is there any evidence that you could provide us? <i>Please list any supporting documents and attachments</i>	
7. Any other comments?	
Date :	Signature: