

## Tororo Solar North GRIEVANCE FORM

Register Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Community Organisation: \_\_\_\_\_

**NATURE OF COMPLAINT, CAUSE AND DATE OF GRIEVANCE:**

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Signed by Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by CLO: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT OR SETTLEMENT OF GRIEVANCE OR REASONS FOR FAILURE TO REACH**

**AGREEMENT:**

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Community Member Signature: \_\_\_\_\_