

RSPN **Independent** Complaints Mechanism Form

INFORMATION

1.The project name:

2.Location:

3.What is the best way to contact you?

(Your name/email/phone number/telephone or other contact where we can reach you)

4.Which gender do you identify with - male/female/diverse/etc. ?

Note:Complainants have a right to confidentiality at any time. RSPN can handle complaints keeping the complainant's identity confidential in case the complainant fears retaliation. (Your name and other details that would identify you will not be shared)

6.Do you fear the risk of retaliation for sharing your concerns with RSPN?

(Tick any of it)

YES

NO

7. Do you want us to keep your identity confidential?

(Tick any of it)

YES

NO

*Note: If you are a representative, we will require proof that you have been authorized in writing by the complainant to file the complaint. All supporting documentation must be sent via email to **RSPN ICM** at complaints@rspnbhutan.org*

Are you a representative making this complaint on behalf of the complainant(s)?:

(Tick any of it)

YES

NO

THE COMPLAINTS

Does your complaint relate to either one or several of the following aspects:

1. Social harm:

Describe the harm:

Were the social impacts directly by the mentioned project?

Please also describe how you, or those you represent, are or may be adversely affected by the project:

2.Environment harm:

Note:The ICM can entertain complaints of environmental harm that are general as well as personal.

If you are complaining about environmental harm, please describe the harm:

Are you directly affected by the environmental harm described above?

If yes, could you describe how you are affected?

Misuse of funds and/or corruption and/or economic crime

Please describe what has happened, when it did occur and by whom:

Has this occurred before?

Reprisals/retaliation related to the project or a complaint:

Please describe what has happened to you and by whom:

I confirm that the information submitted is truthful to the best of my knowledge:

(Tick any of it)

YES

NO

ADDITIONAL INFORMATION (OPTIONAL)

Have there been other efforts made, or are being planned, to resolve the complaint? *This may include access to grievance/redress mechanisms of implementing organisation or other dispute resolution processes*

YES (EXPLAIN)

NO(EXPLAIN)

Name of the employee(s) in the implementing organisation with whom the complainant(s) had contact (where applicable):

Additional documents/files:

I request that the RSPN ICM to registers this complaint and initiates its redress process:

(Tick any of it)

YES

NO

