



Gloves n Gloves

Community / Stakeholders Grievance Form

DOCUMENT #: G.FO.0026.00.18.08.25

Please provide us with as many specific details as possible. Attach photos or other documents as far as possible in this form. All formal complaints must be properly completed with these forms. Complete this form and send it to the following email address: fsd.admin@gng.com.pk

Name of Complainant:	Date:
Contact Information (Address):	Tel No.:

PART 1: DETAILS OF COMPLAINT / INCIDENT

Brief Descriptions/ Statement:

If insufficient spaces please write on a separate sheet, sign, date and attach to this form

Signature (Complainant)	Signature (GnG Staff)
Date:	Date:

PART 2: RESPONSE FROM COMPANY

Does the claim proceed? Yes No

If No, give reasons:

Signature (GnG Staff)

Date:

PART 3: VERIFICATION TEAM

Participant's Names	Designation	Department

Verification Team Committes:

CAP No. _____

Date of Submittal of ReportSignature.....



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PART 4: CORRECTIVE ACTIONS

Specify Corrective Action:

[Large empty rectangular box for specifying corrective actions]

Date of Corrective Action:

Signature.....

PART 4: CLOSURE TO GRIEVANCE

Follow-up & Closure Comminutes:

[Large empty rectangular box for follow-up and closure details]

Signature (GnG Staff)

Date



PART 5: COMPLAINANT FEEDBACK

CAP No. _____

Grievance Feedback Comminutes:

[Large empty rectangular box for grievance feedback details]

Signature (Complainant)

Date:

[Large empty rectangular box for complainant signature and date]