

RICERT Grievance Form v. 1.0

Organisation name and location

NAME (non mandatory)

ADDRESS (non mandatory)

CITY (non mandatory)

COUNTRY (non mandatory)

Name and details of contact person

NAME (non mandatory)

EMAIL (non mandatory)

PHONE (non mandatory)

Parties involved

Description of the grievance

Please describe steps taken to resolve the grievance

Description and/or evidence of any actions already taken to deal with the grievance, e.g. direct contact with the party that the grievance is aimed at.
