

### Section 1: Complainants Details

Name:		Complaint Number: MOR/11/
Gender: M F	Address:	
Other Details:		

### Section 2: Mechanism Details

Complaint Received by (position):		Channel Received:	
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### Section 3: Complaint Details

Description of Complaint:			
Complainants desired outcome / response:			
Sector	WASH	Nature of Complaint	Beneficiary Selection Criteria
	FSL		Community Volunteer
	Nutrition		Concern decision/resource usage
	Health		Concern Staff
	CCCM		Partner Staff
	NFIs		Quality of Assistance/Services
	Other (specify):		Quantity of Assistance/ Services
		Other (specify):	

### Section 4: Users Signature

By signing and submitting this complaint, I accept the procedure by which the complaint will be processed and the composition of the decision making body dealing with this complaint. I have been informed of the terms for appeal.

Signature:		Date:	
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### Section 4: Complaint Handling

Classification:	Valid	Non valid	Sensitive	Non sensitive	
Referral:	Mornei CRM Group	West Darfur CRM Group	Sudan CRM Group		
Proposed Response to Complaint:					
Proposed Date of Response:		Proposed Place of Response:			
Status:	Accepted	Appealed	Date:		
Final Outcome:				Date:	