Annexure 5: Feedback Form

Grievance Reference No.: _____

Name of Grievant/Complainant: _____

Date Grievance Submitted: _____

Date Resolution Communicated: _____

1. **Resolution Feedback**
   a. Were you informed about the outcome of your grievance?
      ☐ Yes ☐ No

   b. Was the grievance resolution explained clearly to you?
      ☐ Yes ☐ Partially ☐ No

   c. Are you satisfied with the proposed resolution?
      ☐ Fully Satisfied ☐ Satisfied ☐ Partially Satisfied ☐ Not Satisfied

   d. Was your grievance addressed within a reasonable timeframe?
      ☐ Yes ☐ No

   e. Was the behavior of GMRL/Contractor representatives professional and respectful?
      ☐ Excellent ☐ Good ☐ Fair ☐ Poor

   f. Has the grievance been resolved to your satisfaction?
      ☐ Yes: Please close the grievance.
      ☐ No: I request further review/escalation.

2. **Comments from Grievant**

_____

_____

_____

_____

3. **For GMRL Use Only**

Feedback Received By: _____
Designation: _____
Date: _____