



Grievance Redress Mechanism

Stakeholder Complaint Form	
Reference No: <i>(For internal use only)</i>	
Full Name:	
Contact Information: <i>(Please choose preferred means to be contacted and detail in space provided)</i>	<input type="checkbox"/> By Telephone: _____ <input type="checkbox"/> By E-mail: _____ <i>(Choose all that apply)</i>
Nature of Complaint:	
<input type="checkbox"/> COVID-19 related complaint <input type="checkbox"/> Complaint about reconstruction works <input type="checkbox"/> Complaint about a service <input type="checkbox"/> Other _____	
Description of Incident or Grievance: <i>What happened? Where did it happen? To whom did it happen? What was the cause of the problem?</i>	
Frequency of Incident/Grievance:	
<input type="checkbox"/> One-time incident/grievance; Date: _____ <input type="checkbox"/> Happened more than once, How many times? _____ <input type="checkbox"/> Ongoing; Currently experiencing problem _____	
What would you like to see happening to resolve the problem?	

Signature: _____ **Date:** _____

Please return this completed form to the Project Management Unit using the Drop Box located in the PJIA Check-in Hall or submit via email at p2-project@sxmairport.com with the Subject Line: **GRM Submission**. Use the underside or attach additional sheets of paper to this form, if more space is required.