

MINISTRY OF INVESTMENT, TRADE AND INDUSTRY ADO-EKITI, EKITI STATE

PHASE I, STATE SECRETARIAT COMPLEX, NEW IYIN ROAD, ADO-EKITI

tradegrm@ekitistate.gov.ng; 09038758555 (hotline)

**GRIEVANCE REDRESS FORM**

 **DATE:** …..………………………….

 **COMPLAINT NO**: ……………….

1. **COMPLAINT RECEIVING OFFICER**: ……………………………………………………….

Mode of Receipt (Please tick where applicable)

 WRITING

SMS

E MAIL

VERBAL

PHONE

1. **COMPLAINANT’S DETAILS**

NAME: ……………………………………………………………….….…………………………

RESIDENTIAL ADDRESS: ………………………….……………………………………………

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BUSINESS/OFFICE ADDRESS: ………………………………………………………………….

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TELEPHONE NUMBER: ……..………………..…………………………………………………

E.MAIL ADDRESS: ………………………………………………….….…………………….…..

VEHICLE NUMBER:……………………………………………………………………………...

1. **TYPE OF COMPLAINTS:…………………….…………………………………………………**
2. **RESPONSIBLE MDA…………………………………………………………………………….**
3. **DESCRIPTION OF THE COMPLAINT (harassment, unauthorized payments, other in-kind requests)**

Details:………………………………………………………………………………………………………

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1. **DETAILS OF DOCUMENTS ATTACHED AS EVIDENCE**
2. **AMOUNT LOST:………………………………………………………………………………….**
3. **RESPONDENT’S DETAILS**

NAME: ……………………………………………………………….….…………………………

GOVERNMENT MDA: ……….………………….……………………………………………….

DESIGNATION: ...…………………………………………………………………………………

TELEPHONE NUMBER: ……..………………..…………………………………………………

E.MAIL ADDRESS: ………………………………………………….….………………………..

1. **REMEDIES/REDRESS SOUGHT BY COMPLAINANT**

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1. **DATES OF RESPONSE TO COMPLAINT:**………………………………………………….

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Signature of Complainant & Date Signature of Receiving Officer & Date