



## Complaints Receiving Form

Please complete form and send it to : [complaints@hyaward.org.jo](mailto:complaints@hyaward.org.jo)

<b>Complainant Name</b>	<b>Complainant's Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age:</b>
<b>Date:</b>		
<b>Complaint submission location</b>		
<b>Complaint received channel:</b>	Email:	
	Mobile number:	
	Landline number:	
	Message:	
	Personal attendance:	
<b>How to contact the complainant?</b>	Mobile #: OR Email:	
<b>The complainant's relationship with El Hassan Youth Award</b>	<input type="checkbox"/> Participant <input type="checkbox"/> Volunteer <input type="checkbox"/> Award Leader <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	
<b>Description of the complaint</b>  (What went wrong, including any information reported) Please provide a clear list of the issues you want investigated Please do not exceed 1000 words and note that there will be opportunities to provide further evidence as appropriate.		
<b>Actions taken</b>		
<b>Recommendations</b>		
<b>Complaint Recipient Name/ Prepared by:</b>		
<b>Signature</b>		