**GRIEVANCE FORM**

1. **Details of Grievant**
   - Name
   - Organization (if any)
   - Email
   - Details of person acting on behalf of complainant (if applicable)
   - Would you prefer this request to remain anonymous?
     - [ ] a. Yes
     - [ ] b. No

2. **Type of Grievance**
   - [ ] a. Appeal
   - [ ] b. Complaint
   - [ ] c. Concern
   - [ ] d. Feedback

3. **Target of Grievance**
   - [ ] a. GSTC
   - [ ] b. GSTC Member(s)
   - [ ] c. Recognized Standard Owner(s)
   - [ ] d. GSTC-Accredited Certification Body (ACB)
   - [ ] e. Certificate holder (e.g. a hotel certified by a GSTC-Accredited CB)
   - [ ] f. GSTC Partners
   - [ ] g. Other (please specify):
   - Organization name (if applicable):

4. **Details of the grievance:**
   - Date of occurrence:
   - Description of issue encountered:
     - What happened? Where did it happen? Who did it happen to? What is the result of the problem?

   Have you used other methods to resolve the issue? (if applicable):

5. **Evidence**
   - List of supporting evidence.
     - a. ....
     - b. .....
6. Remedy requested
   □ a. Yes
   □ b. No

   If yes, please specify what remedy is being sought in your grievance?

   Full name

   Signature                        Date