

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)

d. Certificate holder (e.g. a hotel certified by a GSTC-Accredited CB)

e. External party (please specify):

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.

C.

6. Remedy requested

- a. Yes
- b. No

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

Full name

Signature

Date