

Kruisvallei Hydro Grievance Form

Register Number: _____ **Date:** _____

Name: _____ **Surname:** _____

Address: _____ **Contact Number:** _____

Community Organisation: _____

NATURE OF COMPLAINT, CAUSE AND DATE OF GRIEVANCE:

Signed by Complainant: _____ **Date:** _____

Signed by CLO: _____ **Date:** _____

AGREEMENT OR SETTLEMENT OF GRIEVANCE OR REASONS FOR FAILURE TO REACH AGREEMENT:

Community Member Signature: _____