**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

1. Type of Grievance

☐ a. Appeal

☐ b. Complaint

☐ c. Concern

☐ d. Feedback

1. 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):

1. 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):

1. Evidence

List of supporting evidence.

1. ….
2. …..
3. ….
4. Remedy requested

☐a. Yes

☐b. No

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

**Full name**

**Signature Date**