



Feedback Logging Form

Date of Feedback (DD/MM/YY)	_____ / _____ / _____
Full Name (leave blank if you want to remain anonymous)	
Anonymous Submission	<input type="checkbox"/> I want to remain anonymous
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of Organization/ Position (if applicable)	
Address	
Telephone	
Email Address	
Preferred Contact Method	<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Social media <input type="checkbox"/> In person
Section A: Fill out this section, if you are making a complaint (for complaints of structural damage continue to Section B below. For compliments, suggestions, enquiries, and concerns go to Section C below)	
Location issue occurred	<input type="checkbox"/> Saltibus <input type="checkbox"/> Belle- Plaine <input type="checkbox"/> Fond St. Jacques
Date issue occurred (DD/MM/YY)	
Brief description of issue (what happened, when and where, and how does it affect you?)	
Frequency of occurrence	<input type="checkbox"/> One-time incident/complain <input type="checkbox"/> Happened more than once (number of times?) <input type="checkbox"/> Ongoing
How would you like to see the issue resolved?	
Attachments (list any attached documents or images)	

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Section B: Fill out this section, if you are making a structural damage complaint.

Property Details (property/building address, type of property, date of observation)

Description of structural damage

Please select the affected areas and describe the damage in detail:

☐

Foundations

☐

Walls

☐

Floor finishes

☐

Roof

☐

Driveway

☐

Retaining walls

☐

Septic tank

☐

Other

Describe the damage, cause of damage (if known) and date observed

Previous Actions Taken (if any)

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Attachments (list any attached documents or images)

Section C: Fill out this section, if you are giving a compliment, making a suggestion or enquiry or raising a concern *(If you need more space, please write at the back of the page)*

Compliment, suggestion, enquiry or concern

Section D: Fill out this section after completing Section A, Section B or Section C.

_____/_____/_____
Signature *(project affected person)* **Date** *(DD/MM/YY)*

_____/_____/_____
Signature *(project personnel to confirm receipt only)* **Date** *(DD/MM/YY)*

For PIU use only	
Grievance Reference Number	
Mode of Submission	
Date of Receipt (DD/MM/YY)	____ / ____ / ____
Type of Grievance	<input type="checkbox"/> Complaint <input type="checkbox"/> Concern <input type="checkbox"/> Compliment <input type="checkbox"/> Suggestion <input type="checkbox"/> Enquiry
Type of Complaint/Concern	<div> <input type="checkbox"/> Environmental impact <input type="checkbox"/> Contractor staff misconduct <input type="checkbox"/> Violation of the law and regulations <input type="checkbox"/> Public Relations <input type="checkbox"/> Social impact </div> <div> <input type="checkbox"/> PIU staff misconduct <input type="checkbox"/> Consultations <input type="checkbox"/> Health and Safety <input type="checkbox"/> Project Scope <input type="checkbox"/> Structural Damage Other _____ </div>
Date of Initial Response (DD/MM/YY)	____ / ____ / ____
Initial mode of communicating reply	
At what level will grievance be handled?	<input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3
RESDP Personnel Signature	