ICLEI Complaint Mechanism (ICM)

FEEDBACK FORM

Please fill in the following template and send to safe.complaints@iclei.org to submit your feedback.

Feedback type
What is the nature of your submission?
☐ Comment or suggested improvement, e.g. recommendation, constructive criticism
☐ Objection, e.g. voicing disapproval, dissatisfied opinion, disagreement with decisions made
☐ Grievance, e.g. denounce incorrect, unlawful or wrongful practices, abuse of power, harassment or damaging actions

Contact & Response
Anonymous submissions are possible and your grievance will still be processed, however if you wish to receive a direct response please fill the applicable contact information below:

Name:
Email:
TelephoneNumber:
Other - Fax or Address:
☐ I wish to receive a direct response but do not want my name shared in the grievance resolution process
☐ I wish to receive a direct response and have no issues with being identified by name in the grievance process

Complainants have a right to confidentiality at any time. For example, if you fear retaliation, the ICM can handle complaints keeping the complainant identity confidential. This means that the ICM will share the concerns raised in your request with relevant ICLEI staff and implementing organisations, but your name and other details that would identify you will not be shared.

What association to the feedback subject matter do you have?
☐ Resident in the project area
☐ Witness, passer-by/pedestrian
☐ Business owner in the project area
☐ ICLEI staff
☐ Project implementing partner staff or consultant
☐ Other. If so, what?

Type of submission
Anonymous submissions are possible and your grievance will still be processed, however if you wish to receive a direct response please fill the applicable contact information below:
**The activity, process or project for feedback subject matter**

**Country:**

**Location (region/city):**

**Name/type of ICLEI project/activity/process (if known):**

*Please name or describe the ICLEI project/activity that raises concerns. If you don’t know the name, you can include details like the name of the company in charge of the project, its location, or the activities it is involved in that are affecting you.*

**Name of the implementing organisation(s) (if known):**

**Categories of complaints**

Does your complaint relate to one or several of the following categories:

☐ **Recommendation**  
Please describe the suggested improvement/change to the project/activity?

☐ **Disapproval**  
Please describe the objection to the ICLEI project/activity?

☐ **Social harm**  
Please describe the harm:

Were the social impacts caused directly by the ICLEI project/activity?

Please also describe how you, or those you represent, are or may be adversely affected by the project/activity:

**Date(s) of relevant incident(s):**

☐ **Environmental harm:**

The ICM can entertain complaints of environmental harm that are general as well as personal. If you are complaining about environmental harm, please describe the harm:

Are you directly affected by the environmental harm described above?

If yes, could you describe how you are affected?

**Date(s) of relevant incident(s):**
☐ Misuse of funds and/or corruption and/or economic crime
Please describe what has happened, when it occurred and by whom:

Has this occurred before or since?

Date(s) of relevant incident(s):

☐ Misconduct, abuse of power, code of conduct breach or harassment
Please describe what has happened, when it occurred and by whom:

Has this occurred before or since?

Date(s) of relevant incident(s):

☐ Mismanagement of procedure, staff, resources, deadlines
Please describe what has happened, when it occurred and by whom:

Has this occurred before or has it continued?

Date(s) of relevant incident(s):

Additional context with relevant extenuating circumstances:
Reprisals/retaliation related to the project or a complaint:
Do you fear risk of retaliation for sharing your concerns?
☐ Yes ☐ No

Have you experienced intimidation/retaliation for trying to complain?
☐ Yes ☐ No

If so, please describe what has happened to you and by whom:

Have there been other efforts to resolve the complaint unsuccessfully?
This may include access to grievance/redress mechanisms of implementing organisation or other dispute resolution processes.
☐ Yes ☐ No

Contact that processed the complaint (i.e. name, email, department):

Additional documents/files:

Do you have a resolution you would like to see result from this complaint process?

☐ Yes ☐ No
I confirm that the information submitted is truthful to the best of my knowledge: ☐ Yes ☐ No

I request that the ICM registers this complaint and initiates its redress process: ☐ Yes ☐ No