



Grievance Redressal Application

1. Contact Information *This information must be provided. The PMU does not process anonymous complaints.*

Full Name	
Address	
Nationality	
NID/ Passport Number	
Mobile Number	
Email Address	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Are you a representative submitting this complaint on behalf of the complainant(s)?

Yes No

If you selected **Yes**, please attach a copy of the representational authority signed by the complainant(s)/members of the community.

Do you consent to have your personal information shared with the relevant third parties (e.g., contractors, stakeholders or project implementing agency) of the project you are complaining about? Yes No

If you selected **No**, please elaborate:

Do you fear retaliation for making this complaint? Yes No

If you selected **Yes**, please elaborate:

2. Project Information

Project Name:

Country:

Project Location:

3. The Complaint

Please explain the type of harm you believe the DMADD project has caused or is likely to cause you or your community.

Social Yes No

Environmental Yes No

Other Yes No

Comments:

4. Enter Specific Details about your Grievance:

5. Signature: *You may print the form and sign it. Alternatively, you may add a digital signature if you prefer.*

Date of complaint:

Please attach supporting documents, if available.

The Project Management Unit (PMU) will not disclose any information that may reveal your identity without your consent.

You may submit your complaint via email to dmadd@ncit.gov.mv, mail or hand delivery to the PMU. If you experience any difficulties in completing the form, please contact us at dmadd@ncit.gov.mv

DMADD PMU contact information:

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