



MINISTRY OF EDUCATION AND TRAINING
Government of Tonga

COMPLAINT FORM (Form A)

This form is used to submit a complaint or concern related to Tonga Safe and Resilient Project (TSRSP). All information will be treated confidentially.

Name of Person Making the Complaint <i>(information is optional and always treated as confidential)</i>				
Address or contact information for Person Making the Complaint <i>(information is optional and confidential)</i> E-mail: Phone: Address:				
Location where complaint/problem occurred <i>(Please indicate where the problem or complaint occurred)</i>				
Category of Complaint <i>(Please tick (✓) the category that best describes your complaint)</i>				
<input type="checkbox"/> Environmental safeguards, including waste, noise, dust and water runoff/pollution	<input type="checkbox"/> Social Safeguards including gender, labour, community health and safety (including traffic) and child safety	<input type="checkbox"/> Worker Health and Safety worker behaviour, site safety concerns	<input type="checkbox"/> Financial Management misuse of funds, lack of transparency, or other financial management concerns	<input type="checkbox"/> Abuse of power or authority intervention by project or government officials

Other *(please describe)*

Brief Description of Complaint *(Please describe the issue clearly. Provide as much detail and facts as possible: date, time, location, people involved. Attach additional pages if needed)*

Additional supporting information *(Please include any other information, documents, photos or evidence that you consider relevant, other matters or facts, attach additional pages if required)*

Do you request that identity be kept confidential?

Yes No

Have you previously raised your complaint with the site manager or others?

Yes *(if YES, please provide the following)*

- When was it reported?
- Who was it reported to?
- What response or action undertaken?

- Please describe any response received from or any actions taken by the PMU was not satisfactory

No (if NO, why not?)

Complaint Recipient (names will be disclosed as needed, in order to ensure transparency)

If this complaint is directed to a specific person or organization, please provide details.

Name	Position/Organization	Contact number	E-mail address

Signature of the person making the complaint

Signature:

Date:

Please send the complaint to:

**TSRSP PMU
Project Manager**

projectmanager@tsrsp.onmicrosoft.com

8400318

Complaints may be submitted by phone, e-mail or hand delivered

Phone: +676 8400318 (PMU Project Manager) or +676 7714179 (MET focal point)

Address: 'Api Mataka, Tofoa, TONGA