GRIEVANCE FORM

1. **Grievant information (can be anonymous if preferred)**

   Name: _____

   Gender: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

   Address: _____

   Phone number: _____

   Email address (if any): _____

   Preferred method of contact:

   ☐ Phone ☐ Email ☐ In-person ☐ Letter

2. **Grievance details**

   Grievance against:

   ☐ Implementation of the National Single Window (NSW)
   ☐ Strengthening Digital Enablers (NDI & SSOT)
   ☐ Enhancing Cybersecurity
   ☐ Enhancing Digital Connectivity and Data Resilience

   Grievance description: (*Please provide clear and detailed information about the grievance. Include dates, persons involved, and any relevant documents or photos if available. If the space provided is insufficient to describe grievance, you may submit in a separate sheet*.)

3. Signature (optional)

   Signature of Complainant: _____

   Date: ____ / ____ / _____

Confidentiality notice:
All grievances will be treated confidentially. Your personal information will not be disclosed without your consent unless required by law.