

## Grievance Submission Form

Please use this form to report any concerns that you have about the Nouakchott Port Project. Please provide information about any impacts or damage that have occurred, or ways that you would like us to improve.

### **1. Your Information**

We would like to know your name and contact information so that we can speak to you about the grievance, and to provide you with information about how we will respond to make improvements. If you would like to submit this complaint anonymously please leave this section blank.

**Name (Last, First):** \_\_\_\_\_

**Gender:**  Male  Female

**Village:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

### **2. Your complaint**

Please describe the concern or complaint that you have, providing as much information as possible about any impacts or damage, including when and where they occurred.

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### **3. Proposed Solution**

Please provide suggestions on how you would like us to resolve your grievance.

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### **3. Recorder's Information**

If someone completed this form on behalf of the grievant please provide your information

**Name (Last, First):** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Thank you to send this form by mail at:** [grievances-mauritania@arisenet.com](mailto:grievances-mauritania@arisenet.com) **or by mail or in person at the following address:** Arise Mauritania, Port Autonome de Nouakchott – BP 7303, Nouakchott – Mauritanie, +222 45 29 64 52, 45 29 64 53