|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Everything marked with \* is mandatory to fill in, everything else is optional** | | | | |
| **\*Date received:** | **Received through\*:**  🞏 face-to-face 🞏 hotline call 🞏 hotline SMS 🞏 WhatsApp 🞏 radio  🞏 telephone call 🞏 Twitter 🞏 Facebook 🞏 Instagram 🞏 other | | | |
|
| **\*NAME OF staff/volunteer:** | **\*Location (of complaint or feedback giver):**  District:  Sub-District: Village/ camp: | | | **Feedback number** (for sensitive topics, volunteer name + a number): |
|
| * Hello, my name is \_\_\_\_\_\_\_\_ And I am working for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * We want to know your questions, suggestions and complaints so that we can help you better * We may not always be able to answer everything, but we will try to follow it up. * You don’t have to give us your name and contact if you don’t want to. * If you give me your contact details, we can contact you if necessary. * You can also receive more information through\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Is it okay if I write down your questions to share with \_\_\_\_\_\_\_\_\_\_ and other relevant organisations?** 🞏 yes 🞏 no (stop conversation) 🞏 unknown (i.e. contact through public twitter account) | | | | |
|
| **\*Sex:**  🞏 Female; 🞏 Male; 🞏 Other; 🞏 Unknown | | **\*Age range:**  🞏 under 13; 🞏 13-17; 🞏 18-29; 🞏 30-39; 🞏 40-49;  🞏 50-59; 🞏 60-69; 🞏 70-79; 🞏 80+ 🞏 unknown | | |
|
| **\* Is the person vulnerable?**  🞏 none 🞏 pregnant/lactating woman 🞏 unaccompanied child 🞏 physical disability 🞏 mental disability  🞏 elderly 🞏 woman heading household 🞏 child heading household 🞏 other | | | | |
| **\*Community feedback** (rumour, concern, question, anything the community member wants to share, try to answer the following questions: Who? What? When? Where?**)** | | | | |
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| **\*Is this sensitive feedback (protection, fraud, PSEA etc.)?:** 🞏 yes 🞏 no 🞏 don’t know | | | | |
| **\*Status:**  □ open  **□** closed 🡪 answer given:\_\_\_  □ referred🡪 have referred to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ partially closed (if more than one feedback) 🡪 partial answer: | | | | |
| Name of feedback giver (not mandatory): | | | Contact of feedback giver (not mandatory): | |
| Comment (any additional details/observations): | | | | |