



**Appendix 2: GRM\_ACCESS TO INFORMATION REGISTER TEMPLATE**

<b>No.</b>	<b>Date Received</b>	<b>Name of Requester</b>	<b>Type of information Requested</b>	<b>Requisition Channel</b>	<b>Request Status</b>	<b>Date decision was communicated</b>

**Appendix 3: GRM\_COMPLAINT INVESTIGATION TEMPLATE**

<b>No.</b>	<b>Complaint Issue</b>	<b>Root Cause of Complaint</b>	<b>Decision Arrived at</b>	<b>Corrective/Preventive Action Taken</b>	<b>Date of completing investigation</b>

**Appendix 4: GRM\_GRIEVANCE LODGING FORM**

**REF NO** .....

<p><b>1. Grievance Recording Desk</b></p> <p><i>Project level:</i> <input type="checkbox"/>      <i>Ward Committee</i> <input type="checkbox"/>      <i>County Level</i> <input type="checkbox"/>      <i>Other</i> <input type="checkbox"/> <i>Please describe</i> .....</p>
<p><b>2. Name of Person Raising Grievance:</b> <i>(information is optional and always treated as confidential)</i></p> <p><i>Gender:</i> <input type="checkbox"/> <i>Male</i>      <input type="checkbox"/> <i>Female</i></p>

**Information for Person Raising Grievance:** *(information is optional and confidential)*

ID .....

Age .....

E-mail .....

Phone .....

Postal Address: .....

Ward/ Village .....

Occupation: .....Disability (Yes/ No): ..... If yes, type of disability: .....

Member of Vulnerable/Minority Group ... (Yes/ No): ..... If yes, describe: .....

**Location where grievance/problem occurred** (write in)

County

Sub County

Ward

Location

Village

**Category of Grievance:**

<input type="checkbox"/> Environmental safeguards, social issues including gender, labor and resettlement	<input type="checkbox"/> Grievances regarding violations of policies, guidelines and procedures	<input type="checkbox"/> Grievances regarding contract violations	<input type="checkbox"/> Grievances regarding the misuse of funds/lack of transparency, or other financial management concerns	<input type="checkbox"/> Grievances regarding abuse of power/intervention by project or government officials
<input type="checkbox"/> Grievances regarding staff performance	<input type="checkbox"/> Reports of force majeure	<input type="checkbox"/> Suggestions	<input type="checkbox"/> Appreciation	
<b>Brief Description of Grievance or Inquiry:</b> <i>(provide as much detail and facts as possible)</i>				

Please include any other information that you consider relevant, other matters or facts, including supporting documents:

Do you request that identity be kept confidential?

Yes

No

**2. Previous Efforts to Resolve the Complaint**

Have you raised your complaint with the grievance mechanism of the County Climate Change Unit (CCU) or the WCCCU?

Yes If YES, please provide the following:

- When, how and with whom the issues were raised.
- Please describe any response received from and/or any actions taken by the CCU level grievance mechanism. Please also explain why the response or actions taken are not satisfactory.

No If NO, why not?

**3. Information on Authorized Representative.**

(If Authorized Representatives are not complainants themselves, their names will be disclosed as needed, in order to ensure transparency).

Name	Positions/Organizations	Addresses	Contact numbers	E-mail addresses
<i>Gender:</i> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>				

Please provide evidence of the authority to represent the complainant which must include the complainant's signature.



Do you request that identity be kept confidential?

Yes

No

Has this matter been the subject of court proceedings? YES/NO

If NO, please give a brief summary of your complaint and attach all supporting documents (Indicate all the particulars of what happened, where it happened, when it happened and by whom)

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Place of Submission

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Signature of Complainant

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Date

**SECTION C: For Official Use**

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Name of Receiving Officer

---

Date

**Action taken**

.....  
.....  
.....

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**SECTION D: Acknowledgement Slip**

**Ref. No.** .....

**Date of lodging complaint**.....

**Place of submission**.....

**Signature of receiving officer**.....

**Appendix 5: GRM\_ACCESS TO INFORMATION REQUEST FORM**

*(To be filled in duplicate)*

**Ref. No.** .....

**SECTION A: PERSONAL DETAILS**

Requester's Name: ..... Nationality: .....  
 Gender (Male/ Female/Other): ..... ID Number: ..... Age: .....  
 Postal Address: ..... Village/Ward/Sub-County: ..... Mobile  
 No. .... Email (where applicable) .....  
 Occupation: ..... Disability (Yes/ No): ..... If yes, type of disability: .....  
 Member of Vulnerable/Minority Group ...(Yes/ No):..... If yes, describe: ..... **SECTION**

**B: Complaint Information**

**SECTION B: DESCRIPTION OF INFORMATION REQUESTED**

<b>ITEM</b>	<b>DESCRIPTION</b>
Type of information requested for	
I would like to <i>(tick all that apply)</i>	<input type="checkbox"/> Inspect the record <input type="checkbox"/> Listen to the record <input type="checkbox"/> Have a copy of the record availed to me
Delivery Method <i>(tick where applicable)</i>	<input type="checkbox"/> Collection in person <input type="checkbox"/> By email <input type="checkbox"/> By mail
Does the information requested concern the life or liberty of any person?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(explain)</i>
Is the request being made on behalf of another person or group of persons?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(explain)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(explain)</i>

\_\_\_\_\_  
Place of Submission    Signature of Applicant

\_\_\_\_\_  
Date

**SECTION C: For Official Use**

\_\_\_\_\_  
Name of Receiving Officer

\_\_\_\_\_  
Date

**Decision taken**

.....

**Date of communicating decision**

.....

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**SECTION D: Acknowledgement Slip**

**Ref. No.** .....

**Date of making request**.....

**Place of submission**.....

**Signature of receiving officer**.....

**Appendix 6: GRIEVANCE MANAGEMENT AND ACCESS TO INFORMATION INFRASTRUCTURE**

No.	INDICATORS	DETAILS OF IMPLEMENTATION
1	Physical location: Provide the contact and physical address	Include the details of all GRM/ATI offices.
2	<p><b>a.</b> Provide names, contact details( Official telephone &amp; e-mail address) and designation of officers in-charge of Grievance handling</p> <p><b>b.</b> Provide names, contact details and designation of the Information access officers</p>	Include details for all the GRM/ATI offices.

3	<p>Communication channels:</p> <ul style="list-style-type: none"> <li>a. Complaint desk email(s) eg <a href="mailto:grievance@countyemail.co.ke">grievance@countyemail.co.ke</a></li> <li>b. Dedicated telephone line(s)</li> <li>c. Official email address of the county</li> <li>d. County website (Links/portals to access information and grievance handling information)</li> <li>e. Official e-mail address of the County Secretary</li> </ul>	<p>Include details of dedicated complaints email address(es), telephone line(s) and official email address for the county, website/ portal link and</p>
4	<p>Updated service delivery charters that include GRM &amp; ATI provisions</p>	<p>Include the service charters for all the departments and agencies</p>
5	<ul style="list-style-type: none"> <li>a. Complaints/Grievance Register</li> <li>b. Access To Information Register</li> </ul>	<p>Include the registers of all GRM/ATI offices but for internal purposes only</p>
6	<p>County GRM Policy and Procedures</p>	<p>State whether the county GRM policy and/or procedures are in place</p>
7	<p>County ATI Legislation, Policy and Procedures</p>	<p>State whether the county ATI legislation, policy and/or procedures are in place</p>
8	<ul style="list-style-type: none"> <li>a. Grievance Handling Committee members: appointment letters &amp; minutes of meetings held</li> <li>b. Designation letters for all Information officers</li> </ul>	<p>Provide evidence of the committee members appointments and minutes of meetings, and also designation letters for county information access officers</p>

**Appendix 7: GRM\_ M&E TOOL**

Name of County: \_\_\_\_\_

M&E report for the period: \_\_\_\_\_

***OUTCOME: Improved efficiency in handling complaints and grievances***

***INDICATOR: Percentage change in the complaints/grievances resolved in a month***

Nature of complaints received	No. of complaints received	Modes of complaints lodge	No. of complaints resolved	No. of complaints pending	Duration taken to resolve complaint	Recommendation for system improvement

\_\_\_\_\_  
Compiled by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by  
**FORM**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appendix 8: GRM \_ SUMMARY COMPLAINTS' REPORTING**

Name of County: \_\_\_\_\_

Reporting Period: Monthly/Quarterly/Annually \_\_\_\_\_

<i><b>OUTCOME: Improved efficiency in handling complaints</b></i>						
<i><b>INDICATOR: Percentage change in the complaints resolved in a year (to be reported once per year)</b></i>						
Sector	No. of Grievances Received	Resolved		Pending		Average duration taken to resolve complaint
		No.	%	No.	%	

\_\_\_\_\_  
Compiled by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



