



**GHANA ECONOMIC TRANSFORMATION PROJECT
GRIEVANCE REDRESS MECHANISM
COMPLAINT FORM**

Grievance Details	
Date: (e.g., 07-Jul-2022)	
Agency:	<input type="checkbox"/> Ghana Economic Transformation Project <input type="checkbox"/> Ghana Enterprises Agency <input type="checkbox"/> Ghana Investment Promotion Centre <input type="checkbox"/> Ghana Standards Authority <input type="checkbox"/> Ghana Free Zones Authority <input type="checkbox"/> National Entrepreneurship & Innovation Program <input type="checkbox"/> Ministry of Trade & Industry – Business Regulatory Reform Program <input type="checkbox"/> Ministry of Trade & Industry – Industrial Parks & Safe Economic Zones <input type="checkbox"/> Venture Capital Trust Fund <input type="checkbox"/> Registrar General's Department <input type="checkbox"/> Ghana National Accreditation Service
Type:	<input type="checkbox"/> Administrative <input type="checkbox"/> Compensation, Land Acquisition and Resettlement <input type="checkbox"/> Compliments / General feedback <input type="checkbox"/> Construction Related <input type="checkbox"/> Environment, Health and Safety <input type="checkbox"/> General Community Concerns <input type="checkbox"/> Procurement <input type="checkbox"/> Enquiry <input type="checkbox"/> Gender Based Violence / Sexual Harassment / Sexual Exploitation Abuse <input type="checkbox"/> Others If not listed, please specify:
Agency Location:	<input type="checkbox"/> Accra <input type="checkbox"/> Tema <input type="checkbox"/> Kumasi <input type="checkbox"/> Takoradi <input type="checkbox"/> Cape Coast <input type="checkbox"/> Tamale <input type="checkbox"/> Wa <input type="checkbox"/> Bolgatanga If not listed, please specify:
Agency Department:	

Forms can be submitted by email through getpsafeguards@gmail.com,
Uploaded via our GRM Platform at <https://getgrm.mofep.gov.gh>
or on WhatsApp **0596693604** or submitted in person at the Project Office
VALCO Trust House
2nd Floor,
West Ridge, Accra



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Description of complaint:	
Complainant Information	
Complainant Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Organization
Surname: (If Individual)	
FirstName: (If Individual)	
Organization Name: (If organization)	
Email Address:	
Mobile Number:	
Contact Method:	<input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Voice Call
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Region:	
District:	
Community:	

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