

**COMPLAINT REPORT FORM**

File number	NAME FARM: REPORTING OF THE COMPLAINT	Initials
Date complaint was heard/received		
Name of the person who reported the complaint		
<ul style="list-style-type: none"> <li>• Postal mailing address</li> </ul>		
<ul style="list-style-type: none"> <li>• Telephone number home</li> </ul>		
<ul style="list-style-type: none"> <li>• Telephone number work</li> </ul>		
<ul style="list-style-type: none"> <li>• Mobile phone</li> </ul>		
<ul style="list-style-type: none"> <li>• Email address</li> </ul>		
Way claimant prefers to be contacted		
Position of the person (private or representing an organization, community)		
Name of the Conflict Resolution Policy (CRP) employee of the farm who received the complaint		
Description of the complaint		
Specific date or period the complainant made the observations		
Location where the observations were made: if needed, provide a map of the farm and surrounding areas to indicate the locality (if appropriate)		
Witnesses 1 name:		
<ul style="list-style-type: none"> <li>• Contact info witness</li> </ul>		
Witnesses 2 name:		
<ul style="list-style-type: none"> <li>• Contact info witness</li> </ul>		
Witnesses 3 name:		
<ul style="list-style-type: none"> <li>• Contact info witness</li> </ul>		
Evidence available: pictures, police reports, water or soil samples, written statements?		

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<p>Make copies, but do not take the original documentation</p>		
<p>Names or description of any shrimp farm personnel involved in the complaint:</p>		
<ul style="list-style-type: none"> <li>• Person 1:</li> </ul>		
<ul style="list-style-type: none"> <li>• Person 2:</li> </ul>		
<ul style="list-style-type: none"> <li>• Person 3:</li> </ul>		
<p>Date and signed by complainant:</p>		
<p>Date and signed by RCP employee:</p>		