



Complaint Form (Grievance & Complaints Mechanism)

(to be translated to Mandarin after Operational Trials phase)

1. Complaint Submission Details

Date of submission: _____

2. Complainant Information (Optional)

You may submit this complaint anonymously. Personal contact details are not required.

Name (optional): _____

Organisation (if applicable): _____

Complainant type (tick one):

- Worker
- Affected Stakeholder
- Civil society organisation / NGO
- Battery Supply Chain Company
- Auditor / assurance provider
- Investor
- Other: _____

Contact email or phone (optional): _____

3. Confidentiality Request

Do you request that your identity be kept confidential?

- Yes
- No
- Not applicable (anonymous submission)

4. Nature of the Complaint / Grievance

Please describe the concern you are raising (what happened, and why you are submitting this complaint):

5. Relevant Context

Relevant programme, site, or activity (if known):



Parties involved (who):

Location (where):

Date(s) of incident or concern (when):

6. Supporting Evidence (Optional)

Do you have any documents, photos, links, or other evidence to support this complaint?

Yes

No

If yes, please describe or attach separately:

7. Steps Already Taken (Optional)

Have any steps already been taken to resolve the issue?

Yes

No

If yes, please explain what was done and the outcome:

8. Desired Outcome

What result or resolution are you seeking?

(e.g., clarification, corrective action, dialogue, investigation)

Clarification

Corrective Action

Dialogue

Investigation



9. Declaration

I confirm that this complaint is submitted in good faith and that the information provided is accurate to the best of my knowledge.

Signature (optional): _____

Date: _____

Important Notice (Non-Retaliation and Protection)

GBA prohibits retaliation against complainants, witnesses, or anyone supporting a grievance. Complaints will be handled in a timely, fair, and transparent manner, with confidentiality protected where requested or prudent.

For GBA Internal Use Only

Case reference number: _____

Date acknowledged: _____

Case manager assigned: _____

Admissibility screening completed: Yes No