I. Title: Grievance Against [Ombudsperson's Findings/Decision/Award] Dated [Date]) 2. Applicant's Details: Name: Address: Phone Number: Email Address: Phone Number: Email Address: Address of Ombudsperson's Office: 4. Reference Number: Complaint Reference Number: Date of Ombudsperson's Decision: 5. Brief Overview: Nature of Original Complaint: Summary of Ombudsperson's Decision: 6. Grounds for Grievance: Detailed Explanation of Why You Disagree: (Reference specific parts of the Ombudsperson's findings, decisions, or awards.) Supporting Documents: (Attach copies of relevant communications, evidence, and previous responses.) 7. Relief Sought: What You Want the Review to Achieve: (E.g., reversal of decision, additional investigation, etc.) 8. Declaration: Signature: Signature of the Applicant: Date:	Format for filing grievance against the findings, decisions and awards of the Ombudsperson:	
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