## **Grievance Submission Form**

## **Requirements for Submitting a Grievance Request:**

- The appeal must be submitted within (10) ten business days from the date of the contested action.
- The appeal request must be clearly and concisely written, include all required information, and be accompanied by all relevant documents.
- Requests must be precisely stated and directly related to the subject of the appeal.
- The form must be completed electronically and not handwritten, and must be written in Arabic only.
- A copy of the proof of legal capacity and all supporting documents must be attached to the application.

Appellant Information				
Name:		Place of Residence:		
National Address:	Commercial Registration Number:		Physical Address:	
Email Address:		Phone Number:		
Appellant's Representative Information (if any)				
Name:	National ID Number:	National Address:		
Representation Document Number and Date:	Place of Residence:	Email Address:		
Phone Number:	Physical Address:	Occupation or Job Title:		
Entity Subject to the Appeal:				

His Excellency the Chairman and Members of the Committee for Appeals Against Private Sector Participation (PSP)
Project Tendering and Awarding Procedures

Peace and blessings of God be upon you

Signature:

I am writing to submit this grievance request with the following details:

Description of the PSP Project Subject of the Grievance		
Actions Taken by the Com	nplainant Prior to Submitting the Grievance	
Actions taken by the con	ipianiant Prior to Submitting the Grievance	
Facts and Grounds for the	e Grievance	
Documents Supporting the Grounds of the Grievance:		
-		
-		
Complainant's Requests		
Complainant's Requests		
I hereby declare that al for any inaccuracies or	I information provided in this application is true and correct, and I accept full responsibility misrepresentations.	
•	have read and agreed to the terms and conditions for submitting this grievance request.	
Applicant Name:		
Date of Submission:		

