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|  | **GRIEVANCE SUBMISSION FORM****(Version 01.0)** |
| 1. Section 1. Standing
 |
| Details of the grievant: | [ ]  Select if the details below shall be treated as confidential |
| **Type of grievant:** | [ ]  Individual[ ]  Community[ ]  Organization[ ]  Other (please specify below):>> *Specify a different category of grievant* |
| **Name:** | >> |
| **Address:** | >> |
| **Country:** | >> |
| **E-mail:** | >> |
| **Phone number:** | >> |
| Details of the focal point of the grievant: *(Fill the details if applicable)* | [ ]  Select if the details of the focal point below shall be treated as confidential |
| **Name:** | >> |
| **Address:** | >> |
| **Country:** | >> |
| **E-mail:** | >> |
| **Phone number:** | >> |
| Details of the authorized representative of the original grievant:*(Fill the details if applicable)* | [ ]  Select if the details of authorized representatives below shall be treated as confidential |
| **Name:** | >> |
| **Address:** | >> |
| **Country:** | >> |
| **E-mail:** | >> |
| **Phone number:** | >> |
| [ ]  Check to confirm that the evidence of authorization (including signature of the grievant) is submitted.>>*List the evidence* of authorization *provided.* |
| Category of grievant:*(Select one option)* | [ ]  The grievant is connected to the jurisdiction, by means of residency or domicile, where the activity in question is implemented.[ ]  The grievant has substantial presence in the geographic area, by means of their business activity or community-related activity, which is or may be directly affected by the activity in question.[ ]  The grievant suffers or may suffer direct adverse effects from the implementation or treatment of the activity in question by way of concrete, tangible and particularized claim of harm to the health, property, local environment or other interest.>>*Justify the choice above* |
| Date of the submission: | Enter a date. |
| 1. Section 2. Scope
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| Article 6.4 activity title: | >> *Enter the activity title* |
| UNFCCC reference number: | >>*Enter the UNFCCC reference number of the activity determined at the submission of the notification of prior consideration* |
| Host Party: | Choose a Party. |
| Type of adverse effect that are suffered or may be suffered by the grievant:*(more than one option may be selected)* | [ ]  Social nature.[ ]  Economic nature.[ ]  Environmental nature. |

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| * 1. Description of the effect
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| * + 1. Description of the adverse effect and how it relates to the implementation of the Article 6.4 activity
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*Provide a detailed description of the direct adverse effect based on the type of adverse effect indicated in the scope of the grievance and explain how this effect is related to the implementation of the activity. Attach to the submission any additional documentation and explain how this documentation is used to support the arguments.*

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| * + 1. Sworn statement
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[ ]  A declaration on the actual direct adverse effect and its relation to the implementation of the Article 6.4 activity, in the form of an sworn statement, is attached to this submission.

*Check this box and attach to the submission a declaration in the form of a sworn statement on the actual direct adverse effect and its relation to the implementation of the Article 6.4 activity.*

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| * 1. Description of a suggested remedy
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*Describe a proposed remedy to the adverse effect.*

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| * 1. Attempts to resolve the issue (if applicable)
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*Description any attempt to resolve the issue, if applicable, including through conciliation directly with any other individual or organization, and indicate the reference to or evidence of such attempts.*

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| * 1. List of references
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*Provide a list of the additional documentation used to support the arguments.*

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Document information

| Version | Date | Description |
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 | 1. 9 May 2025
 | 1. Initial publication of form template.
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