

Asian Development Bank (ADB), Accountability Mechanism, Complaint Form

(Add rows or pages, if needed)

A. Choice of function - problem solving or compliance review *(Choose one below)*

- Special Project Facilitator** for problem solving *(Assists people who are directly and materially harmed by specific problems caused, or is likely to be caused, by ADB-assisted projects through informal, flexible, and consensus-based methods with the consent and participation of all parties concerned)*
- Compliance Review Panel** for compliance review *(Investigates alleged noncompliance by ADB with its operational policies and procedures in any ADB-assisted project in the course of the formulation, processing, or implementation of the project that directly, materially, and adversely affects, or is likely to affect, local people, as well as monitors the implementation of remedial action relates to the harm or likely harm caused by noncompliance)*

B. Confidentiality

Do you want your identities to be kept confidential? **Yes** **No**

C. Complainants *(Anonymous complaints will not be accepted. There must be at least two project-affected complainants.)*

Name and designation (Mr., Ms., Mrs.)	Signature	Position/ Organization <i>(If any)</i>	Mailing Address	Telephone number (landline/mobile)	E-mail address
1.					
2.					

Authorized Representative or Assistant *(if any)*. *(Information regarding the representatives, or persons assisting complainants in filing the complaint, will be disclosed, except when they are also complainants and they request confidentiality.)*

Complainant represented	Name and designation (Mr., Ms., Mrs.)	Signature	Position/ Organization <i>(If any)</i>	Mailing Address	Telephone number (landline/mobile)	E-mail address

D. Project

Name	
Location	
Brief description	

E. Complaint:

What direct and material harm has the ADB-assisted project caused, or will likely cause, to the complainants?
Have the complainants made prior efforts to solve the problem(s) and issue(s) with the ADB operations department including Resident Mission concerned? <input type="checkbox"/> Yes. If YES, please provide the following: when, how, by whom, and with whom the efforts were made. Please describe any response the complainants may have received from or any actions taken by ADB. <input type="checkbox"/> No

F. Optional Information

1. What is the complainants' desired outcome or remedy for the complaint?
2. Anything else you would like to add?

Name of the person who completed this form: _____

Signature: _____ **Date:** _____

Please send the complaint, by mail, fax, e-mail, or hand delivery, or through any ADB Resident Mission, to the following:

Complaint Receiving Officer (CRO), Accountability Mechanism
ADB Headquarters, 6 ADB Avenue, Mandaluyong City 1550, Philippines,
Telephone number: +63-2-6324444 local 70309, Fax: +63-2-6362086,
E-mail: amcro@adb.org