**Complaint (Request for Inspection) Form**

**To:**

**The Chair, Inspection Panel**

**The World Bank Accountability Mechanism, MSN: MC 10-1007, 1818 H St., NW, Washington, DC 20433, USA. Fax: +1(202)-522-0916. Email:** **ipanel@worldbank.org**

*(Please answer the questions below as best as you can. Once the form is submitted, we will contact you to collect any additional necessary information.)*

**Section 1: Complaint**

1. What harm do you believe the World Bank-financed project caused or is likely to cause to you or your community? Please describe in as much detail as possible.

|  |
| --- |
|  |

2. What is the name of the World Bank project? (If known)

|  |
| --- |
|  |

3. Where is the World Bank project located? (Please include country name)

|  |
| --- |
|  |

4. Do you live in the project area?

|  |
| --- |
|  |

5. Have your concerns previously been reported to the World Bank? If yes, please provide the details about those communications and explain why you are not satisfied with the Bank’s response.

|  |
| --- |
|  |

6. If known, please list the World Bank’s operational policies procedures you believe have not been followed.

|  |
| --- |
|  |

7. Do you expect any form of retaliation or threats for filing this complaint?

|  |
| --- |
|  |

8. In addition to receiving information about the Compliance investigation process, would you also like to receive information about the option of dispute resolution?

|  |
| --- |
|  |

**Section 2: Contact Information**

9. Are you complainants or a representative of complainants\*?

Complainants: [ ]  Representing a complainant or community: [ ]  Other: [ ]  (Please explain)

10. Would you like your name and contact details to be kept confidential? (We will not disclose your identities to anyone without your prior consent.) Yes [ ]  No [ ]

11. Complainants' or representatives’ names (minimum two names and signatures are required):

|  |  |  |
| --- | --- | --- |
|  | **Complainant /Representative 1** | **Complainant /Representative 2** |
| Name  |  |  |
| Address |  |  |
| Phone |  |  |
| Email |  |  |

12. By completing and submitting this form, we authorize the Inspection Panel to investigate the issues as described in this form.

|  |  |
| --- | --- |
| **Signature 1** | **Signature 2** |
|  |  |

Signatures (more signatures can be sent as an attachment):

NOTES*:*

* *\*If you are a representative of complainants, we will need a letter from the complainants authorizing you to represent them.*
* *Please attach supporting documents, if available.*
* *If you have any difficulty in completing the form, please contact the World Bank Accountability Mechanism at Email:* *ipanel@worldbank.org* *or by phone: +1-202-458-5200.*