



Mineral Supply Chain Due Diligence Assessment Center

Grievance Handling Form

Grievance Source	<input type="checkbox"/> Enterprise <input type="checkbox"/> Second-party assessment program <input type="checkbox"/> Industrial initiative <input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/> Assessment organization <input type="checkbox"/> Third-party assessment program	<input type="checkbox"/> Assessor
Grievance Description			
Verdict	<input type="checkbox"/> Serious <input type="checkbox"/> Ordinary		
Analysis			
Corrective Measures (If applicable)			
Monitoring of Corrective Measures Implementation (If applicable)			