



# KATSINA STATE INTERNAL REVENUE SERVICE

## Grievance Redress Mechanism (GRM) Complaint Form

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### A. Complainant Details

1. Full Name: \_\_\_\_\_
2. Gender: \_\_\_\_\_
3. Contact Information:
  - a. Phone Number: \_\_\_\_\_
  - b. Email Address: \_\_\_\_\_
  - c. Physical Address: \_\_\_\_\_
4. Preferred Mode of Contact: (Tick as appropriate)
  - a. Phone:  [ ]
  - b. Email:  [ ]
  - c. In-person  [ ]
5. Anonymous Complaint:
  - a. Yes  [ ]
  - b. No  [ ]
  - c.  [ ]

### B. Complaint Details

1. Date of Complaint Submission: \_\_\_\_\_
2. Nature of Complaint:
  - a. Operational
  - b. Financial
  - c. Environmental
  - d. Regulatory
  - e. Other (please specify): \_\_\_\_\_

f.

3. **Description of Complaint** (Please provide as much detail as possible):

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4. **Date of Incident:** \_\_\_\_\_

5. **Location of Incident:** \_\_\_\_\_

6. **Amount Lost (if applicable):** \_\_\_\_\_

**C. Supporting Documents**

1. Are there any supporting documents attached?

- a. Yes
- b. No

2. If yes, please specify (e.g., receipts, contracts, photographs):

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**D. Desired Resolution**

1. What outcome are you seeking to resolve this grievance?

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**E. Declaration**

I hereby declare that the information provided is true and correct to the best of my knowledge.

1. **Signature:** \_\_\_\_\_

2. **Date:** \_\_\_\_\_

**F. For Official Use Only**

1. **Grievance ID:** \_\_\_\_\_

2. **Date Received:** \_\_\_\_\_

3. **Received By:** \_\_\_\_\_

4. **Action Taken/Proposed:**

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5. **Assigned to:** \_\_\_\_\_

6. **Date of Response:** \_\_\_\_\_