



REPUBLIC OF KENYA
COUNTY GOVERNMENT OF NAKURU
DEPARTMENT OF WATER, ENVIRONMENT, ENERGY, CLIMATE
CHANGE & NATURAL RESOURCES



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NAKURU CLIMATE CHANGE GRIEVANCE REDRESS PROCESS

	Process	Description	Timelines
1.	Receive and log grievance/complaint	<ul style="list-style-type: none">i. Face to face meeting with the GRM committee member (s)ii. Phone, letter or emailiii. Recorded by the GRM committeeiv. Completion and submission of complaint formv. Record grievance in grievance form and log into grievance database where applicable	2 working days
2.	Acknowledge complaint/grievance	<ul style="list-style-type: none">i. Receipt of grievance acknowledged through appropriate communication channels, and to be recorded in writing	5 working days
3.	Assess and investigate the grievance	<ul style="list-style-type: none">ii. GRM committee at the level of reporting to assess and assign grievance significanceiii. Consult with relevant stakeholdersiv. May need site visits and discussions with other stakeholders	21 working days
4.	Resolution of the grievance	<ul style="list-style-type: none">i. Identify further steps to be takenii. Provide response to complainant, including if necessary, an indication of additional time and resources needed to resolve the grievance/complainant	30 working days after the receipt of the grievance
5.	Sign-off	<ul style="list-style-type: none">i. Confirm with the complainant (s) that the grievance can be closed or determine what follow up is neededii. If the grievance is to be closed, grievance sign-off is requirediii. Feedback should be provided to both parties on how the grievance has been handled.	35 working days after the receipt of a grievance

4.	Monitor	<ul style="list-style-type: none"> <li data-bbox="608 219 1193 293">i. Record final sign-off grievance according to significance <li data-bbox="608 293 1193 450">ii. If grievance can't be closed return to step 2 to re-assess or recommend whether third party arbitration is necessary 	40 working days to 3 months depending on the significance of the grievance
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GRIEVANCE RECORD FORM

Grievance Record Form		
Reference Number: (Official Use Only)		
Date and time		
Anonymous	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
Full Name:		
Organization (if applicable):		
Physical location details:	County: Sub County: Ward:	
Contact Information: (Please tick on how you would wish to be contacted either by letter, telephone or email)	[<input type="checkbox"/>] Address/Village/Ward/Traditional Authority: [<input type="checkbox"/>] Telephone: [<input type="checkbox"/>] E-mail:	
Preferred Language for Communication		
Description of the incidence/grievance/complaint/conflict		
Frequency of occurrence of the incidence/grievance/complaint /conflict	[<input type="checkbox"/>] One-time incident/grievance/conflict (Date.....) [<input type="checkbox"/>] Happened more than once	

	(How many times?.....)	
	[<input type="checkbox"/>] On-going (currently experiencing problem)	
Additional Comments:		
Complainant signature		
Date when the grievance was resolved		
Date of feedback to the sender		
Date when the grievance was closed		



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