

GRIEVANCE FORM

1. Details of Grievant

Name

Organization (if any)

Email

Details of person acting on behalf of complainant (if applicable)

Would you prefer this request to remain anonymous?

☐ a. Yes

☐ b. No

2. Type of Grievance

☐ a. Appeal

☐ b. Complaint

☐ c. Concern

☐ d. Feedback

3. Target of Grievance

☐ a. GSTC

☐ b. GSTC Member(s)

☐ c. Recognized Standard Owner(s)

☐ d. GSTC-Accredited Certification Body (ACB)

☐ d. Certificate holder (e.g. a hotel certified by a GSTC-Accredited CB)

☐ e. External party (please specify):

☐ f. GSTC Partners

☐ g. Other (please specify):

Organization name (if applicable):

4. Details of the grievance:

Date of occurrence:

Description of issue encountered:

What happened? Where did it happen? Who did it happen to? What is the result of the problem?

Have you used other methods to resolve the issue? (if applicable):

5. Evidence

List of supporting evidence.

a.

a.

a.



6. Remedy requested

☐ a. Yes

☐ b. No

If yes, please specify what remedy is being sought in your grievance?

Full name

Signature

Date