

**IFAD COMPLAINTS PROCEDURE AND THE ENHANCED COMPLAINTS PROCEDURE SUBMISSION FORM**

**FOR ALLEGED NON-COMPLIANCE WITH ITS SOCIAL AND ENVIRONMENTAL POLICIES AND MANDATORY ASPECTS OF ITS SOCIAL, ENVIRONMENTAL AND CLIMATE ASSESSMENT PROCEDURES (SECAP)**

**i) NATURE OF THE COMPLAINT**

What complaint are you making to IFAD? (Choose the one(s) applicable to your complaint)

☐Complaint relating to individuals/communities believing they are or may be adversely affected by an IFAD funded project

☐Complaint relating to IFAD's failure to apply its Social and Environmental Policies

☐Complaint relating to IFAD's failure to apply the Mandatory Aspects of SECAP

☐ SECAP 2015

☐ SECAP 2017

☐ SECAP 2021

**ii) COMPLAINANTS’ INFORMATION**

a) How many Complainants are you? (You must be 2 in order for the Complaint to be admissible)

b) Are you nationals of the concerned country or living in the area? (Complainants must be nationals of the country concerned and/or living in the project area)

☐YES ☐NO

**iii) CONFIDENTIALITY**

a) The identity of complainants will be kept confidential if they request so of IFAD.

b) Do you want your identity to be kept confidential?

☐YES ☐NO

c) If YES, please state why. If NO, please avail your details below:

**iv) COMPLAINANTS' INFORMATION**

**a) COMPLAINANT 1**

FULL NAME:

TITLE:

ORGANISATION:

PHONE NUMBER (WITH COUNTRY CODE):

EMAIL:

**LOCATION**

YOUR ADDRESS/ LOCATION:

MAILING ADDRESS (IF DIFFERENT):

ADDITIONAL GUIDANCE ON HOW TO LOCATE YOU (IF APPLICABLE):

**b) COMPLAINANT 2**

FULL NAME:

TITLE:

ORGANISATION:

PHONE NUMBER (WITH COUNTRY CODE):

EMAIL:

**LOCATION**

YOUR ADDRESS/ LOCATION:

MAILING ADDRESS (IF DIFFERENT):

ADDITIONAL GUIDANCE ON HOW TO LOCATE YOU (IF APPLICABLE):

Please provide the names and/or description of other individuals or groups that support the complaint (If any):

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| --- | --- | --- | --- | --- |
| First Name | Last Name | Title/Affiliation | Signature | Contact Information |
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If the space provided above is not enough, attach a separate document with a list of other individuals or groups (with their signatures) who support the complaint.

**v) IFAD PROJECT/PROGRAMME OF CONCERN AND NATURE OF CONCERN**

a) Which IFAD-supported project/programme are you concerned about? (please provide the Project/Programme name, if known):

b) Please provide a short description of your concerns about the project/programme. Please describe, as well, the types of Environmental and Social impacts that may occur, or have occurred, as a result.

c) When did the situation that raised your concerns start developing? (Please note that complaints must concern projects/programmes currently under design/implementation. Complaints concerning projects/programmes that preceded the operationalization of SECAP in 1/1/2015, projects that have been closed for a period of 24 months or more will not be eligible).

**vi) PROJECT LEVEL**

a) Have you raised your complaint with government representatives or NGO(s) responsible for planning or executing the project or programme or the Lead Agency or any governmental body with the responsibility of overseeing the Lead Agency? (The complaint should first be brought to the above authorities. If they do not respond then the matter may be brought to IFAD's attention. The complaint may be brought directly to IFAD if the complainants feel they may be subject to retaliation).

☐YES ☐NO

If YES,

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Last Name | Title/Affiliation | Estimated Date of Contact | Nature of Communication | Response from the Individual |
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b) Please explain why, if the response or actions taken are not satisfactory.

c) How do you wish to see the complaint resolved? Do you have any other matters, evidence or facts (including supporting documents) that you would like to share?

**vii) IFAD Level**a) Do you disagree with the response from the IFAD Country team and Regional Division in relation to your complaint?

☐YES ☐NO

b) Please provide the details of the response from the IFAD Country Team and Regional Division in relation to your complaint

c) Please explain why, if the response or actions taken are not satisfactory.

d) How do you wish to see the complaint resolved?

e) Do you have any other matters or facts (including supporting documents) that you would like to share?

**Signature and Date (1st Complainant)**

**Signature and Date (2nd Complainant)**

The completed form should be sent by email to [SECAPcomplaints@ifad.org](mailto:SECAPcomplaints@ifad.org)

OR by mail to:

IFAD - SECAP Complaints

Operational, Results and Policy Division

Programme Management Department

Via Paolo di Dono 44

00142 Rome, Italy.