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| --- | --- |
| Reporting Date |  |
| Full Name  Note: You can remain anonymous if you prefer or request not to disclose your identity to the third parties without your consent | First name:  Last name:  I wish to raise my grievance anonymously    I request not to disclose my identity withoutmy consent |
| Contact Information  Please mark how you wish to be contacted | By Telephone:  By Email: |
| Frequency of Incident/Grievance | One time incident/grievance (date: )  Happened more than once (how many times? )  On-going (currently experiencing problem) |
| Description of Incident/Grievance  What happened? Where did it happen? Who did it happen to? What is the result of the problem? |  |
| What would you like to see happen to resolve the problem? |  |
| Signature:  Date: | |

Email this form marked to the attention of the Compliance Officer at [**info@cosefinvest.com**](mailto:info@cosefinvest.com).