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| --- | --- |
| Reporting Date |  |
| Full NameNote: 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 InformationPlease 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/GrievanceWhat 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**.