*MENA* Digital Complaints Response and Feedback (CRF) Form

***Category:*** Feedback and Complaints Form

***Organization:*** UNHCRMENA Regional Bureau

***Link:*** [Template Complaints, Response and Feedback (CRF) Form](https://enketo.unhcr.org/x/40XZaNdG)

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| **Complaints, Response and Feedback (CRF) Form – Country Operation** |
| **OVERVIEW OF THE COMPLAINT, RESPONSE AND FEEDBACK FORM** |
| * + - 1. Complaint or Feedback Number:   *(The complaint and feedback number should be unique for each time the form is filled in. You can develop a method for generating the complaint or feedback number that is most appropriate to you. It could include a combination of the date, the ID of the staff member or person filling in the form and an increasing number (001, 002, 003 etc). For example, the first form filled in on 01 April 2022 by user with ID number 5 could be: 202204015001. Adapt according to your operational context and as required.)* |
| * + - 1. Date and Time the Feedback or Complaint was received:   yyyy-mm-dd hh:mm  *(This should be the date the feedback or complaint was received – not the date that the form is being completed/filled in – see below.)* |
| * + - 1. Date the Form was completed/filled in:   yyyy-mm-dd |
| * + - 1. Does the Person of Concern consent to his/her concerns and/or needs being documented?   ○ Yes  ○ No  *(The symbol ○ is used for single selections – only one of the options can be selected.)* |
| *(If ‘No’ was selected in the previous question the CRF form should not effectively proceed any further to record the details of the person filing the complaint or feedback. Consent should be received in accordance with your SOP for receiving consent and* [*UNHCR guidelines*](https://www.refworld.org/pdfid/5b360f4d4.pdf) *on the* [*protection of personal data.*](https://cms.emergency.unhcr.org/documents/11982/52542/Data+Protection+Policy/06bc03cf-e969-4329-a52b-161ae1eb42d7) *)* |
| **CONTACT INFORMATION OF PERSON COMPLETING THE FORM** |
| * + - 1. Name and Surname |
| * + - 1. Title |
| * + - 1. Employer/Name of Affiliated Organization |
| * + - 1. Phone 1 |
| * + - 1. Phone 2 |
| * + - 1. Email address |
| * + - 1. Is the person completing the form, the same person who received the feedback or complaint?   ○ Yes  ○ No |
| *(If ‘No’ was selected in the previous question – the contact information and the details of the person who filled the complaint or feedback will be collected in the following nested section.)* |
| CONTACT INFORMATION OF PERSON WHO RECEIVED THE FEEDBACK OR COMPLAINT |
| 1. Name and Surname 2. Title 3. Employer/Name of Affiliated Organization 4. Phone 1 5. Phone 2 6. Email address |
| PERSON OF CONCERN SUBMITTING THE FEEDBACK OR COMPLAINT |
| * + - 1. What is the population type of the person submitting the Feedback or Complaint?   ○ Refugees  ○ Asylum-Seekers  ○ Stateless persons  ○ Internally Displaced Persons (IDPs)  ○ Returnees  ○ Refugee & Migrants  ○ Host communities  ○ Other (free text) |
| * + - 1. Does the Person consent to collecting information about them?   ○ Yes  ○ No |
| *(If ‘yes’ was selected in the previous question – the details of the person who filed the complaint or feedback will be collected in the following nested section.)* |
| 1. Gender   ○ Male  ○ Female  ○ Other  ○ Prefer not to say   1. Age   ○ Less than 17  ○ 18-59  ○ Greater than 60   1. Does the person identify with any of the following below groups:   □ People living with disabilities  □ Illiterate persons  □ People with Chronic diseases  □ People with diverse sexual orientations and gender identities and expressions (SOGIESC)  □ People in remote areas  □ Single Parent  □ Survivor of Violence  □ Victim of Trafficking  □ Victim of Torture  □ Other (Please Specify) |
| * + - 1. If the Person would like to be contacted in the future about this feedback or complaint, do they consent to providing contact details?   ○ Yes  ○ No |
| *(If ‘yes’ was selected in the previous question – the contact details of the person who filed the complaint or feedback will be collected in the following nested section.)* |
| 1. Name 2. Phone 1 3. Phone 2 4. Email address 5. Preferred language of communication   □ Language A  □ Language B  □ Language C  □ Language D  □ etc  *(Adapt according to the languages commonly used in your context.)*   1. Preferred method of contact   □ Phone  □ SMS  □ Email  □ WhatsApp (or other messaging service)  □ In-Person  □ Other (please specify)   1. Does the person identify with any of the following below groups:   □ People living with disabilities  □ Illiterate persons |
| * + - 1. If the Person would like to be contacted in the future about this feedback or complaint, do they consent to providing contact details?   ○ Yes  ○ No |
| *(If ‘yes’ was selected in the previous question – the contact details of the caretaker/representative of the person who filed the complaint or feedback will be collected in the following nested section.)* |
| 1. Name 2. Phone 1 3. Phone 2 4. Email address 5. Preferred language of communication   □ Language A  □ Language B  □ Language C  □ Language D  □ etc  *(Adapt according to the languages commonly used in your context.)*   1. Preferred method of contact   □ Phone  □ SMS  □ Email  □ WhatsApp (or other messaging service)  □ In-Person  □ Other (please specify) |
| **FEEDBACK AND COMPLAINT DETAILS** |
| * + - 1. Please select the country where the Feedback, Complaint, and Response Mechanism is located:   ○ Country A  ○ Country B  ○ Country C  ○ Country D  ○ Country E  ○ Country F  ○ etc  ○ Other (free text)  *(Adapt according to your operational context and add additional countries, locations, governates as required and depending on the operational context.)* |
| * + - 1. Name of organization receiving the Feedback or Complaint |
| * + - 1. Location Feedback or Complaint provided:   ○ Country Office (CO)  ○ Sub-Office (SO)  ○ Field Office (FO)  ○ Refugee Camp  ○ IDP Camp  ○ Informal Site/Settlement  ○ Community Centre  ○ Shelter  ○ Other (Please Specify)  *(Adapt according to your operational context and the locations at which feedback and complaints can be provided/collected.)* |
| * + - 1. Sector of Feedback or Complaint:   □ Health  □ Mental Health and Psychosocial Support (MHPSS)  □ Education  □ Water Sanitation & Hygiene (WASH)  □ Shelter (accommodation)  □ Safe Shelter (for GBV, Trafficking survivors, etc.)  □ Communication and participation  □ Gender-Based Violence (GBV)/Child Protection (CP)  □ Statelessness  □ Registration  □ Refugee Status Determination (RSD)  □ Resettlement (RST) & complementary pathways  □ Management  □ Misconduct including SEA, corruption, and fraud  □ Cash  □ Legal and Physical Protection  □ Other (Please Specify)  *(These sectors or topic of feedback and complaints are in line with those recommended under the Data Collection Topics and Forms section of the Toolkit.)* |
| * + - 1. Overall nature of Feedback or Complaint:   □ Positive Feedback  □ Requesting Information  □ Requesting Service or Assistance  □ Following-up on an Outstanding Matter  □ Matters related to misconduct or unethical behavior by a staff member  □ Matters related to a form of physical or sexual violence  □ Sexual Exploitation or Assault and other forms of misconduct  □ Other (please specify) |
| * + - 1. Feedback or Complaint Category/Level   ○ 1  ○ 2  ○ 3  ○ 4  ○ Other  *(These categories of feedback and complaints should be in line with the SOPs of your FCRM. Information about categories can be found in the Handling of the Feedback and Complaints section of the MENA AAP Toolkit.)* |
| * + - 1. In no more than 3 sentence, please describe the feedback or complaint: |
| **RESPONSE MANAGEMENT** |
| * + - 1. What is the status of the Feedback or Complaint?   ○ Open  ○ Referred  ○ Closed |
| * + - 1. Response Management:   ○ Internal: Managed and Resolved in-person  ○ Internal: Further inquiry and Investigation  ○ External: Referred to UN Agency  ○ External: Referred to National or International NGO  ○ External: Referred to Community-based mechanism  ○ External: Other  *(Adapt according to your operational context and add additional possible outcomes for the response management of the feedback or complaint.)* |
| * + - 1. Describe the response or action taken: |
| * + - 1. Date response provided:   yyyy-mm-dd |
| * + - 1. Other notes |