

Appendix 1 – Grievance Form

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: _____ <input type="checkbox"/> I wish to raise my grievance anonymously <input type="checkbox"/> I request not to disclose my identity without my consent
Contact Information Please mark how you wish to be contacted (mail, telephone, e-mail).	<input type="checkbox"/> By Post: Please provide mailing address: _____ _____ _____ _____ <input type="checkbox"/> By Telephone: <input type="checkbox"/> By E-mail: _____
Frequency of Incident/ Grievance	<input type="checkbox"/> One time incident/grievance (date _____) <input type="checkbox"/> Happened more than once (how many times?) <input type="checkbox"/> 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: _____	

Please return this form to any LeapFrog office marked to the attention of the Compliance Officer; or send via email to the LeapFrog's Compliance Officer at:

francesholliday@leapfroginvest.com