# **COMPLAINT FORM FOR KCSF GRANTS**

(After completion of the form, save it as a PDF document. The entire complaint form shall not exceed two pages)

|  |
| --- |
| **INFORMATION ABOUT THE APPLICANT** |
| **APPLICANT** (full name of the organization/initiative) |  |
| **PROGRAM AND INSTRUMENT** (which KCSF program and instrument you have applied for grants) |  |
| **PERSON SUBMITING THE COMPLAINT** (full name and position) |  |
| CONTACT INFORMATION (email and phone) |  |

|  |
| --- |
| **INFORMATION ABOUT THE COMPLAINT** |
| **MISSING DOCUMENT**(list the full name of the document you consider has been left out from the evaluation process, thus resulted in significantly lower score in a particular category or overall, and provide a short description of its content) |  |
| **TYPE OF DOCUMENT** (check the correct box describing the type of the respective document) | [ ]  ELIGIBILITY DOCUMENT (certificates, statute, audit reports, etc.)[ ]  PROGRAM DESCRIPTION (organizational strategy, specific section of the application form, etc.)[ ]  BUDGET (budget form, budget justification, sources of funding)[ ]  ANNEXES (logical framework, activity plan, etc.)[ ]  OTHER (describe: \_\_\_\_) |
| **GROUNDS OF COMPLAINT**(present your opinion on how the potential failure to consider the above document has influenced the evaluation and scoring of your application) |  |
| **DATE OF SUBMISSION OF COMPLAINT** (dd/mm/yyyy) |  |