



Community Empowerment Programme-2025  
Grievance Redress Mechanism



Annex -01

**Grievance Application Form**

Reference No

**A**

01. District

02.DS Division

03. DN Division

Committee Level:-

(Put √ in the appropriate box)

DN (Level-01)

☐

DS (Level-02)

☐

District (level -03)

☐

National (Level-04)

☐

**B. Personal details of complainant**

01.Full Name

02. Permanent Address

03.National ID Number

04.Contract Number

**C.**

01. Are you entitled/receiving monthly subsidy from the government?

Samurdhi

☐

Aswesuma

☐

Other (Notes)

02. If “Aswesuma” beneficiary, (Put √ in the appropriate box)

Transitional

☐

Vulnerable

☐

Poor

☐

Extremely poor

☐

**D.**

01.The reason for rejection , (Put √ in the appropriate box)

☐ Due to Monthly income

☐ Due to Age

☐ Due to beneficiary category

☐ Refusing yourself

☐ Due to other reason

Description/Nature  
of Grievance:-

02. Evidence relevant to the grievance (if any),

Income records

☐

Photographs

☐

Statements

☐

Other

☐

Undertaking:- I hereby certify that statements made in my Grievance and documentation enclosed are true and complete to the best of my knowledge. If at any time any part of the Grievance or the documentation is found to be false, I will be liable for any legal action that the Department of Samurdhi Development and the Government of Sri Lanka may deem necessary.

Signature of Complainant/Beneficiary

Date

Name of the officer who received the information  
Designation/ Seal

Date

Please provide a copy of this form to the Complainant/Beneficiary as well



***Decision of committee***

Decision of the GRC Level -01 :- (If the grievance is resolved, Put "✓" in the box	
<div>Signature</div>	
Decision of the GRC Level -02 :- (If the grievance is resolved, Put "✓" in the box	
<div>Signature</div>	
Decision of the GRC Level -03 :- (If the grievance is resolved, Put "✓" in the box	
<div>Signature</div>	
Decision of the GRC Level -04 :- (If the grievance is resolved, Put "✓" in the box	
<div>Signature</div>	



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Annex – 05

Progress in Grievance Management

20....., .....month ..... from 20....., .....month .....to date

GN Division .....

1. Total Number of Complains submitted	
2. Number of complains resolved	
3. Number of complains, If unresolved or Complainant disagrees referred to GRC Level -02	
4. Number of complaints pending review	
5. Any other issues	

I certify and submit that the above information is correct.

.....

Secretary of GRC Level -01/ Samurdhi Development Officer