



BPC Grievance Recording Form

BPC would like to know your concerns related to our work and that of our contractors. You can submit your concern anonymously. However, the more information provided, including contact details, the easier we will be able to follow-up. This process is at no cost to you. Participation in this process does not affect your right to take actions under any applicable law.

Date/Time/ Location	Date (mm-dd-yyyy): Time (24 hr):	Location:
Name		<input type="checkbox"/> You can use my name but do not use it in public <input type="checkbox"/> You can use my name when talking about this concern in public <input type="checkbox"/> I do not want to give my name.
Alternative contact:	<input type="checkbox"/> I would like the following trusted individual to talk with Bahamas Petroleum Company on my behalf.	
Method to Contact You:	<input type="checkbox"/> By mail: Address where you or your trusted contact receive mail: <input type="checkbox"/> By Telephone: <input type="checkbox"/> By E-mail: <input type="checkbox"/> I would like to pick up responses here: _____	
Location of Residence:	If we would like to talk with you in person, describe where can you normally be found?	
Supporting Documents:	<input type="checkbox"/> Written (email, invoice, title, commitment, contract, etc.) <input type="checkbox"/> Photograph <input type="checkbox"/> Other: <input type="checkbox"/> Voice Recording	
Brief Description: (What happened? Who was involved? Who did it happen to?)	<input type="checkbox"/> Compensation Requested	

Information Recorded by?

Date Received _____

Official Use Only-
Claim Number:

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Follow-up: (How would you like to see this resolved?)	
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Acknowledgement of Receipt:	<input type="checkbox"/> By checking this box, I acknowledge that my grievance has been received BPC and that I am aware of the grievance resolution process.
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 Signature (Claimant)

 Date (mm-dd-yyyy)

 Signature (BPC)

 Date (mm-dd-yyyy)

For Official Use Only	
Grievance Involves:	
<input type="checkbox"/> Human Rights	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Injury	<input type="checkbox"/> Environmental Concern
<input type="checkbox"/> Other _____	

Information Recorded by?

Date Received _____

Official Use Only- Claim Number:
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