

GRIEVANCE SUBMISSION FORM
LIVELIHOOD AND INCOME SUPPORT TO EMPLOYEES AND SELF-EMPLOYED
OVER 70 ALLOWANCE

Submission methods:

- **Online:** XXX
- **Phone:** 255-8311 or 255-8312
- **Email:** XXX
- **In person:** Dominica Social Security, Hanover Street Box 772 Roseau

Case Number: _____

Date: _____

Applicant Name: _____

Address: _____

Email: _____

Telephone: _____

Complaint Type (Check all that apply)

- Administrative issue (documentation; application errors, etc.)
- Non-selection or ineligibility:
- Payment-related
- Staff-related
- Other:

Nature of Complaint/Claim:

Complainant Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Application Type:

Online

Paper

Phone

Name of staff that collected grievance:

Print Name: _____

Signature: _____

Complaint Reviewed and Decided by:

Chief Financial Officer, DSS: *(Note: this method is for administrative/administrative error)*

Grievance Committee:

Financial Secretary: *(Note: this method is for complex cases)*

Date of Decision: _____

Action Taken:

• Grievance Accepted:

• Grievance Rejected:

Date Complainant was notified: _____

Mechanism of notification:

Email:

Text Message:

Phone:

Notes
