



**JIGAWA STATE INTERNAL REVENUE SERVICE
GRIEVANCE AND RESPONSE MECHANISM FORMS**

GRM RESPONSE FORM	
NAME OF EXPORTER/TRADER	
CONTACT DETAILS	
DATE OF COMPLAINT	
TYPE OF COMPLAINT	
STATUS OF OF INCIDENT (OPEN, ONGOING, INVESTIGATION/UNRESOLVED)	
MDA WORKING ON CASE	
DATE OF RESPONSE	
SOLVENCY MECHANISM USED	
ACTION OF REDRESS	

GRIEVANCE LODGEMENT FORM	
COMPLAINANT NAME	
CONTACT DETAILS/EMAIL/PHONE NUMBER	
VEHICLE NUMBER	
DATE OF COMPLAINT	
TYPE OF COMPLAINT	
RESPONSIBLE MDA	
DESCRIPTION OF COMPLAINT	
UNAUTHRISED PAYMENT/OTHER IN KIND REQUEST	
ATTACHMENT OF RELEVANT EVIDENCE	
AMOUNT LOST	
NAME OF RESPONSIBLE PARTY	
DATE OF COMPLAINT	