

APPEAL AND GRIEVANCE FORM PILOT TOURISM MICRO AND SMALL ENTERPRISES FUND

GRIEVANT INFORMATION

Grievant Name	
Address	
Phone	
Email	
Submission Type (select one)	 Appeal Grievance
Title of the MSME Policy in Question (Section/Clause Number (if applicable)	
Date of Submission	

	DETAILS OF APPEAL OR GRIEVANCE
Description of Appeal/Grievance <i>Please provide a detailed description of</i> <i>your appeal or grievance</i>	
Impact Statement How has this policy affected you? Please describe any negative impacts or challenges faced	
Desired Outcome What resolution or outcome are you seeking?	
Supporting Documents Please attach any supporting documents that provide evidence for your appeal or grievance: please provide the documentation (upload) (e.g., emails, reports, contracts, photographs)	
ADDITIONAL COMMENTS Attach sheets, if needed.	

DECLARATION

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge and I understand the process for appeal/grievance resolution.

Signature:

Date:

Instructions for Submission:

This form can be submitted via email or mailed to ensure all sections are completed to expedite the review process.

All appeals and grievances will be addressed in a timely manner, and confidentiality will be maintained throughout the process.