

(Signature)

GRIEVANCE / ESCALATION LETTER

Date:
Subject: Employee/Customer /Stakeholders escalation reporting
Dear MLRO/Compliance team,
Your Name:
Department/Company name:
Date of Incident/Observation:
Description of the Incident/Observation:
Impact on Workplace/Concerns:
Note: Please ensure that the information provided is accurate and complete. It is important to maintain
confidentiality during this process, and we assure you that your identity will be fully protected. Anonymou
grievance <mark>s or</mark> escalations will also be consid <mark>ered; h</mark> owever, providing your contact information allows us t
communicate with you for any clarifications or updates needed.
Once you have completed the form, please submit it to MLRO on 050 883 7 <mark>304. They will handle</mark> your grievance
or escalation with the utmost sensitivity and initiate the necessary investigation or actions based on the nature of
the concern.
NB: You can also mail the Consent over <u>escalations@rgrefinery.com</u>
Yours sincerely