

Pro-ARIDES PROGRAM ASSESSMENT FORM

Country.....

The declarant(s)

Type of declarants: a Person a Group

If this is a Person

Last name and first name(s)

Address/Contact.....

If this is a group

Group name (association or informal group)

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Number of persons present.....

Name and position of representative

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Address /contact.....

At the :(Name of structure and or person to be addressed):

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Activity involved:

Execution period:

Location :

Subject of the declaration: Complaint Positive assessment

Facts:

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Done aton,.....20.....

Signature(s) preceded by the last name(s) and first name(s) (In case it is a group, the name and signature of at least 2 representatives of the group)