

AFRICAN CENTRE OF EXCELLENCE IN DATA SCIENCE (ACE-DS)

Beneficiaries Grievance Redress Mechanism Reporting Tool
African Center of Excellence in Data Science (ACEDS),
University of Rwanda

Dear ACE-DS beneficiary,

The African Center of Excellence in Data Science established at the University of Rwanda, College of Business and Economics, wish to redress any grievances from beneficiaries. ACE-DS has Grievance and Redress Mechanism Committee (GRMC) with adequate means and powers to investigate grievances (e.g., interview witnesses, access records). ACE-DS GRMC handles grievance to recommend effective action upon, and respond quickly to all grievance.

Kindly do not hesitate to raise your sensitive issues or complainants because the ACE-DS Grievances are treated confidentially, assessed impartially, and handled transparently.

In case you have any question or clarification, please contact Mr. **Charles Nzaramyimana** through the email nzaramyimanac@gmail.com the ACE-DSGRM focal person.

| 1. Identification | |
|---|---|
| Title (Prof/Dr/Mr/Ms) | Name |
| Nationality: a) Rwandan <input type="checkbox"/> b) Regional (African country other than Rwanda) <input type="checkbox"/> c) International (Outside Africa) <input type="checkbox"/> | Gender M <input type="checkbox"/> F <input type="checkbox"/> |
| Address: Email:..... | Tel: |

| | |
|---|--------------------------|
| 2. Your role in the Centre: | |
| a) PhD student | <input type="checkbox"/> |
| b) Masters student | <input type="checkbox"/> |
| c) Lecturer/Professor | <input type="checkbox"/> |
| d) Supervisor | <input type="checkbox"/> |
| e) Administrative staff | <input type="checkbox"/> |
| f) ACE-DS partner | <input type="checkbox"/> |
| g) Other (specify)..... | <input type="checkbox"/> |
| 3. Issue type: | |
| a) Request | <input type="checkbox"/> |
| b) Concern | <input type="checkbox"/> |
| c) Grievance | <input type="checkbox"/> |
| 4. When the grievance occurs? | |
| Date | <input type="text"/> |
| 5. How do you want to submit your complaint? | |
| a) Complaint box | <input type="checkbox"/> |
| b) Mail/webmail | <input type="checkbox"/> |
| c) Deliver letter | <input type="checkbox"/> |

| | |
|---|------------------|
| 6. Describe your Grievance/complaint/ concern: | |
| | |
| Date:...../...../..... | Sign..... |

| Record of Complaints at the center level (official use only) | |
|--|--------------------------|
| Date of reception of complaint |/...../..... |
| Received via: | |
| Complaint box | <input type="checkbox"/> |
| Mail/webmail | <input type="checkbox"/> |
| Deliver letter | <input type="checkbox"/> |
| Action taken: | |
| | |
| Date:/...../..... | Signature |
| | Role/Title..... |