FEDERATION FOR UGANDA MEDICAL INTERNS (FUMI)
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www.fumi.org.ug

FEDERATION FOR UGANDA MEDICAL INTERNS (FUMI)

Grievance Reporting Form

Confidential · Submit to secretariat@fumi.org.ug

SECTION A: REPORTER INFORMATION	
Full Name	
Internship Site / Hospital	
Department / Unit	
Contact (Phone / Email)	
SECTION B: GRIEVANCE DETAILS	
Date of Incident	
Location of Incident	
Category of Grievance	☐ Working conditions ☐ Supervision / Mentorship ☐ Remuneration / Allowances
	☐ Harassment / Discrimination ☐ Safety / Health Concerns ☐ Other
Description of Grievance	
SECTION C: PARTIES INVOLVED	
Names / Positions	
Witnesses (if any)	

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SECTION D: ACTION TAKEN	
Steps Already Taken	
Desired Resolution	
SECTION E: DECLARATION	
Signature	
Date	
SECTION F: ADMINISTRATIVE USE ONLY	
Received By	
Date Received	
Reference Number	
Action / Follow-up Notes	

I declare that the information provided in this form is true and accurate to the best of my knowledge.