

## Sample Complaint Letter

Date:

To: Special Project Facilitator  
Asian Development Bank  
6 ADB Avenue  
Mandaluyong City  
0401 Metro Manila, Philippines

Tel: (63-2) 632-4825

Fax: (63-2) 636-2490

Email: [spf@adb.org](mailto:spf@adb.org)

Dear Special Project Facilitator,

We, *[name of group or name of representative representing the affected group]*, whose names and addresses are attached, live in *[name of area and country]* present this complaint to the Special Project Facilitator. *[If the complaint is filed through a representative, please provide the names of the project-affected people with their addresses and evidence of authority to represent them.]*

1. We are, or are likely to be, directly affected materially and adversely by the ADB- assisted project *[add name and description of project, and country where project is located]*.
2. The direct and material harm is, or will be, the result of an act or omission of ADB in the course of the formulation, processing or implementation of this project. The acts or omissions that we believe are the responsibility of ADB include the following: *[fill in acts or omissions]*.
3. Our rights and interests that have been, or are likely to be, directly affected materially and adversely by this project include the following: *[fill in these rights and interests]*.
4. We seek the following outcome and remedies through the help of the Special Project Facilitator: *[fill in the outcome and remedies that are sought by the complainant]*.
5. We have previously made a good faith effort to address our problems with the ADB operations department concerned in the following manner: *[list and attach correspondence, details of meetings, emails, and other communications]*.
6. We cannot provide the above information *[specify which]* because *[please give an explanation of why any of the information above cannot be provided]*.
7. We submit the following facts with supporting documents: *[list these matters or facts and attach any other supporting evidence that the complainant deems relevant]*.

8. We authorize the Special Project Facilitator to publicly release the information in this complaint.  
*[Yes] [No] [indicate Yes or No]*

9. We do not request that our identities be kept confidential.  
*[OR]*

We request that our identities be kept confidential for the following reason: *[state reason]*.

Signatures:

Names:

Addresses:

Other Contact Information:

Telephone

Fax

Email