

## Asian Development Bank (ADB), Accountability Mechanism, Complaint Form

*(Add rows or pages, if needed)*

### A. Choice of function - problem solving or compliance review *(Choose one below)*



**Special Project Facilitator** for problem solving *(Assists people who are directly and materially harmed by specific problems caused, or is likely to be caused, by ADB-assisted projects through informal, flexible, and consensus-based methods with the consent and participation of all parties concerned)*

**Compliance Review Panel** for compliance review *(Investigates alleged noncompliance by ADB with its operational policies and procedures in any ADB-assisted project in the course of the formulation, processing, or implementation of the project that directly, materially, and adversely affects, or is likely to affect, local people, as well as monitors the implementation of remedial action relates to the harm or likely harm caused by noncompliance)*

### B. Confidentiality

Do you want your identities to be kept confidential?       **Yes**       **No**

### C. Complainants *(Anonymous complaints will not be accepted. There must be at least two project-affected complainants.)*

| Name and designation<br>(Mr., Ms., Mrs.) | Signature   | Position/<br>Organization <i>(If any)</i>                               | Mailing Address | Telephone number<br>(landline/mobile) | E-mail address |
|--|---|---|-----------------|---------------------------------------|----------------|
| 1. Sohel Mustafa Chowdhury               |  | Mutawalli, (CEO),<br>Abdul Latif Chowdhury<br>Waqf Estate (E.C<br>4239) |                 |                                       |                |
| 2. Ferdous Chowdhury                     |  | Teacher NYC<br>Department of<br>Education                               |                 |                                       |                |

**Authorized Representative or Assistant (if any).** (Information regarding the representatives, or persons assisting complainants in filing the complaint, will be disclosed, except when they are also complainants and they request confidentiality.)

| Complainant represented | Name and designation (Mr., Ms., Mrs.) | Signature | Position/ Organization (If any) | Mailing Address | Telephone number (landline/mobile) | E-mail address |
|-------------------------|---------------------------------------|-----------|---------------------------------|-----------------|------------------------------------|----------------|
|                         |                                       |           |                                 |                 |                                    |                |

**D. Project**

|                   |  |
|-------------------|--|
| Name              | Emergency Assistance Project for Water Supply & Sanitation at Ukhiya and Tecknaf Upazila in Coxes Bazar District (EAP) |
| Location          | Abdul Latif Chowdhury Waqf Estate, Palong Khali, Ukhiya, Coxes bazar, Bangladesh                                       |
| Brief description | Emergency Assistance Project for Water Supply & Sanitation for public and Rohingya, Project Code: 224257600            |

**E. Complaint:**

What direct and material harm has the ADB-assisted project caused, or will likely cause, to the complainants?

The Department of Public Health Engineering (DPHE) did not make any agreement with Land Owner and no payment has been made to Land Owner. They are occupying our 100acres land without making Legal agreement. We tried to communicate with DPHE and after a meeting with Project Director of DPHE Mr. Abdul Halim Khan, we requested him to make a legal agreement with us and pay as per our consent, but he doesn't want to make an Agreement with majority land owner and waqf estate in charge Mr. Sohel Mustafa Chowdhury. He started their field work forcefully dated January 20th,2021.

Have the complainants made prior efforts to solve the problem(s) and issue(s) with the ADB operations department including Resident Mission concerned?

**Yes.** If YES, please provide the following: when, how, by whom, and with whom the efforts were made. Please describe any response the complainants may have received from or any actions taken by ADB.

**No**

**F. Optional Information**

1. What is the complainants' desired outcome or remedy for the complaint?

Our request ADB is to advise DPHE Project Director to stop Construction work and relate all payments until a legal Agreement is made with all the Landowner.

2. Anything else you would like to add?

Without a legal agreement DPHE should not perform any construction work.

**Name of the person who completed this form: Sohel Mustafa Chowdhury**

**Signature:** 

**Date: January 25, 2021**

Please send the complaint, by mail, fax, e-mail, or hand delivery, or through any ADB Resident Mission, to the following:

**Complaint Receiving Officer (CRO)**, Accountability Mechanism

ADB Headquarters, 6 ADB Avenue, Mandaluyong City 1550, Philippines,

Telephone number: +63-2-6324444 local 70309, Fax: +63-2-6362086,

E-mail: [amcro@adb.org](mailto:amcro@adb.org)