**Aslan 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)
- [x] **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.)

<table>
<thead>
<tr>
<th>Name and designation (Mr., Ms., Mrs.)</th>
<th>Signature</th>
<th>Position/Organization (If any)</th>
<th>Mailing Address</th>
<th>Telephone number (landline/mobile)</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dr. Mujib ur Rehman</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Adnan Khalil</td>
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</tbody>
</table>

**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.)

<table>
<thead>
<tr>
<th>Complainant represented</th>
<th>Name and designation (Mr., Ms., Mrs.)</th>
<th>Signature</th>
<th>Position/Organization (If any)</th>
<th>Mailing Address</th>
<th>Telephone number (landline/mobile)</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Aurangzeb Advocate</td>
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</tbody>
</table>

**D. Project**
<table>
<thead>
<tr>
<th>Name</th>
<th>KPCIP, Overhead Tank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Raksho Pul, Danishabad, Canal Road, Peshawar, KP, Pakistan</td>
</tr>
<tr>
<td>Brief description</td>
<td>Construction of overhead water tank on my land, which doesn't belong to the government as per the revenue record and along with ownership, I am also in possession of the land as per the land revenue record. Government has illegally occupied my property and now wants to construct an overhead tank with the financial assistance of ADB.</td>
</tr>
</tbody>
</table>

E. Complaint:

What direct and material harm has the ADB-assisted project caused, or will likely cause, to the complainants? The construction of water supply tank on my land is illegal as I am the owner of the land and its causing my family huge financial loss as well sentimental shock as to how can government trespass and illegally occupy private lands.

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 I haven’t contacted ADB but I have tried to solve the issue with Local government (LG, E & RD) department and WSSP (Company responsible for water supply).

F. Optional Information

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

   To stop construction of the water supply tank on my private property and government should give me back my land, which I have been writing to them since 2021.

2. Anything else you would like to add?

   I have exhausted all options of trying to take relief from the government and will eventually end up in the court of law. ADB should direct its own staff to staff the project from their side to KPCIP and inquire if my claim is right or wrong.

Name of the person who completed this form: Mujib ur Rehman

Signature: ___________________________ Date: 24.7.2023

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