

**AFRICAN CENTRE OF EXCELLENCE FOR INNOVATIVE TEACHING AND LEARNING  
MATHEMATICS AND SCIENCE (ACEITLMS)**

**Beneficiaries Grievance Redress Mechanism Reporting Tool**  
**African Center of Excellence for innovative teaching and  
learning mathematics and science (ACEITLMS),  
University of Rwanda**

Dear ACEITLMS beneficiary,

The African Center of Excellence for Innovative teaching and learning mathematics and science established at the University of Rwanda, College of Education, wish to redress any grievances from beneficiaries. ACEITLMS has Grievance and Redress Mechanism Committee (GRMC) with adequate means and powers to investigate grievances (e.g., interview witnesses, access records). ACEITLMS 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 ACEITLMS Grievances are treated confidentially, assessed impartially, and handled transparently.

In case you have any question or clarification, please contact **Mr. Maurice Mwizerwa** through the email [mwizerwa59@gmail.com](mailto:mwizerwa59@gmail.com) the ACEITLMS-GRM 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="checkbox"/>
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.....