

Complaint No.: \_\_\_\_\_  
(for office use only)

**COMPLAINT FORM**

Focal Person Copy.

Wing Copy.

i. Name: \_\_\_\_\_  
ii. CNIC : \_\_\_\_\_  
iii. Contact # \_\_\_\_\_  
iv. Email if any: \_\_\_\_\_  
v. Mailing Address: \_\_\_\_\_

vi. Whether employee of Ministry/Org: \_\_\_\_\_ Yes/No.  
vii. If yes in Serial No. iv.

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

viii. Nature of complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(may attached additional sheets)

ix. Relief Sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

x. Remarks of Focal Persons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

xi. Remarks of Relevant JS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_