



COMPLAINT FORM

- USE CAPITAL LETTERS OR PRINT
- USE A SEPARATED SHEET IF NECESSARY

A: PARTICULARS OF COMPLAINANT

EITHER

Physical person:

Name of Complainant (Surname, first name):

.....

Institution/Organisation:

.....

Physical Address:

.....

Telephone(s):

.....

Fax: Email address.....

.....

Profession/ Occupation:

.....

Nationality:

.....

Age:

.....

OR

Legal person;

Name:

Status (e.g. Limited Liability Company, Body Corporate, Association.etc)

.....
.....

Physical address:

.....

Telephone(s):

.....

Fax: Email address

Who is representing:

.....

Name of the person signing the complaint and his status.....

.....

B: PARTICULARS OF RESPONDENT

Name of respondent (i.e.) the person being complained against):

.....

Address.....

Telephone(s).....

Fax Email address

Profession/Occupation.....

...

Institution / Organisation.....

C. NATURE/ FACTS OF THE COMPLAINT

1. Description of complaint

Describe precisely and concisely the nature/facts of complaint (include copies of all relevant supporting documents)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

2. Was the complaint brought to the attention of the service provider?

.....

If yes, give details of the response including supporting documents

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

SIGNATURE OF THE COMPLAINANT:

DATE:

Name of the receiving officer:

Designation:

Signature:Date;

Official Stamp



NOTE: Complainants are advised to engage the respondent, that is, the person being complained against first for possible resolution of complaints