



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):

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Institution/Organisation:

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Physical Address:

.....

Telephone(s):

.....

Fax: Email address.....

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Profession/ Occupation:

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Nationality:

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Age:

.....

OR

Legal person;

Name:

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

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If yes, give details of the response including supporting documents

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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