

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: for office use only

xi. Remarks of Relevant JS: for office use only

