

Government of Pakistan
Ministry of Industries & Production
Name of Agency
Official Address of Focal person

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)

