

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)

\_\_\_\_\_  
\_\_\_\_\_