

FORM A

COMPLAINT FORM

Instructions

In completing this form, please give as much information as possible. Where necessary, attach any relevant supporting documentation.

PARTICULARS OF THE COMPLAINANT

Name

Date of complaint (DD/MM/YYYY)

Sex: ☐ Male ☐ Female

Age: ☐ 18 – 30 ☐ 31 – 50 ☐ Above 50

Academic Qualification	
Occupation	
Identity	
Organisation	
Physical Address	
Postal address	

Contact Details

Work No.:		Home No.:	
Mobile No.:		Email Address:	

Particulars of person acting on behalf of a complainant (where applicable)

Complaint medium

☐ Email ☐ In person ☐ Postal Mail
☐ Phone ☐ Social media ☐ Portal

Complaint Tracking Number:

Details of complaint:

Remedy requested:



Attachments (list of supporting documents)

1.
2.
3.

I confirm that the information provided is true and accurate to the best of my knowledge.

Date and Signature of Complainant

Signature:

Date:

Date and Signature of individual filling the form on behalf of complainant (where applicable)

Signature:

Date:



FOR OFFICIAL USE

Name and position of Officer handling the complaint:

Name

Signature

Contact details of officer handling complaint

Work No.:		Mobile No.:	
Email Address:			
Nature (category) of complaint:			

Action Taken

Resolution

Date resolved and signature of complaint handling officer

Signature:

Date:

