

Complaint Cell

Government of Sindh

Complaint Form

<b>Particulars of the Complainant</b>	
Name:	
Address:	
District:	
Phone #	
e-mail :	
CNIC #	
<b>Please indicate District/Department you want to complaint against:-</b>	
District:	Department:
<b>Please describe your complaint briefly:</b>	

<b>Please guide how your complaint is to be resolved?</b>

Date\_\_\_\_\_

Signature:\_\_\_\_\_

**Note:** Please be careful while forwarding your complaints. Strict action shall be taken against bogus complainants. BE RESPONSIBLE CITIZENS