

Government of Pakistan  
Ministry of Commerce  
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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 attach additional sheets)

ix. Relief Sought:

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

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

x. Remarks of Focal Persons:

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

xi. Remarks of Relevant JS:

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