## **Complaint form**

## To the People's Advocate,

1. I	First na	ame an	id surna	me (ca	pital lette	ers)					,	domicile
(res	idence	or ano	ther add	lress w	here you	can be o	contac	ted) .				St.
				No	B	Bl	Sc.		Apt.	,	Count	y/Sector
			Telep	hone								
				•	learned						-	_
• • • • •												
					and/or fre							
4.	The	deno	unced	admir	nistrative	author	ity	and/d	or t	he	civil	servant:
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			e applica		tu IIIalauli	mistratio	л. (у	ou ma	y Corn	illue c	ni anoc	ner page

6. The public authorities notified before:
7. The answer received and the grounds on which you door yourself further wronged
7. The answer received and the grounds on which you deem yourself further wronged:
8. In sustaining the alleged facts, I submit the following documents (copies, not originals):

9. The mandatory statement on whether the petition is/was the object of a litigation in a
court of law:
YES/NO
10. I wish that all the information and the results shall remain confidential:
YES / No
11. The petition is submitted:
_  Personally
_  By delegate
Date
Signature