


**Form (1)**  
**Application for Filing a Complaint**

Complaint No.:

Full Name: -----

ID No.:

Governorate/city/village: ----- Capacity: -----

Did you file a complaint at your institution: Yes  No  Date of filing the complaint: / /Did you receive a response on the complaint: Yes  No  Date of Response: / /Is the complaint being heard by court: Yes  No 

The institution against which the complaint is filed: -----

Telephone no.

Fax no.

E-mail: .....

Attachments:

 1. -----

 2. -----

 3. -----

 4. -----

 5. -----

 6. -----





For the Department's Use:

Recommendation:

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Refusal of the complaint

Admittance of the complaint

Justifications of refusing the complaint: -----

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Officer in Charge of the Complaints Unit