

Manager HR & Admin

Ignite
3rd Floor, Telecom Foundation Building
Mauve Area, G-9/4,
Islamabad

Complaint Form

Name of complainant: _____ S/o,W/o,D/o: _____

Permanent Address: _____

Address for Correspondence: _____

CNIC No: _____ (Attach Copy) District: _____

Telephone No: _____ Mobile No: _____

VERSUS

Name of the Agency: _____

PRAYER: _____

MAIN GRIEVANCES REQUIRING REDRESSAL:

(a) _____

(b) _____

(c) _____

(d) _____

(For more detail, attach extra signed sheets)

AFFIDAVIT (on Rs. 20/- stamp paper)

I, _____ S/o, D/o, W/o, _____

Do hereby solemnly affirm:

- i) That the facts mentioned in this complaint are correct to the best of my knowledge and belief.
- ii) That no suit, appeal, petition or other judicial proceedings in connection with the subject matter of this complaint is pending in any Court or Tribunal.

Date: _____

Signature: _____

- ***Any anonymous complaint will not be entertained.***