

COMPLAINT/ OBJECTION FORM

COMPLAINANT INFORMATION	
Name:	
Father / Husband Name:	
Gender:	
CNIC:	
Full Address:	
Contact No:	

Name of District	Name of Taluka	Name of Deh	Entry No	Date

Description of Complaint:	
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Date of Complaint:	
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Signature of Complainant

Note: Please submit the Complaint/ Objection form at your nearest Deputy Commissioner Office or post it to the concerned Deputy Commissioner