

COMPLAINT FORM FOR PRIMARY SCHOOL TEACHER

District Naushahro feroze

PERSONAL INFORMATION

Name of complainant:

Father's Name:

Gender (Tick): Male Female Date of Birth:

C.N.I.C: - -

Taluka Union Council

Contact Number Mobile: Home/Work

Postal Address:

ACADEMIC QUALIFICATION

Please tick only the highest one Intermediate Graduate Post Graduate

PROFESSIONAL QUALIFICATION

PTC CT B.Ed
M.Ed Other Untrained

COMPLAINT DETAIL

Please describe the facts of your complaint. Include names and dates. Use additional pages if necessary.

This Box For Office Use only

Case Number:	<input type="text"/>
Category:	<input type="text"/>
Date opened:	<input type="text"/>
Assigned to:	<input type="text"/>
Date closed:	<input type="text"/>
Office:	<input type="text"/>

Signature of Complainants

Date: _____