

KRACHI EAST MUNICIPAL ASSEMBLY - COMPLAINT FORM

NAME OF COMPLAINANT:

LOCATION:

CONTACT OF COMPLAINT:

INDICATE TYPE OF COMPLAINT:

- SOCIAL INFASRCUTURE LAND DISPUTES SECURITY DISASTER HERDSMEN ISSUE
 SANITATION

Narrative

Date:

FOR OFFICE USE

DEPARTMENT/ UNIT REFERRED TO:

- CENT ADMN WORKS SOC.WEL H.R PHY PLAN STAT HEALTH EDU FIN AGRIC
 ENV HLTH

Date of receiving report:

Name of action officer:

Rank:

Action taken:

- Resolved Unresolved