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| ހުށަހަޅާ ފަރާތުގެ ނަން: |  | | Applicant Name: |
| އެޑްރެސް: |  | | Address: |
| ފޯން: |  | | Phone: |
| އީމެއިލް: |  | | Email: |
| ޝަކުވާގެ ތަފްސީލު:  Details of Complaint: | | | |
|  | | | |
| ތާރީޚް / Date : | | :ސޮއި / Signature | |