



# OMBUDSMAN COMMISSION

## COMPLAINTS DIVISION COMPLAINTS INFORMATION FORM

OMBUDSMAN COMMISSION OF PNG  
P O BOX 1831  
PORT MORESBY, N.C.D  
PH: (675) 308 2600  
FAX: (675) 320 3211

FOR OFFICE USE ONLY:

CASE NUMBER

DATE

1. COMPLAINANT'S (YOUR) FULL NAME

2. COMPLAINANT'S (YOUR) MAILING ADDRESS OR ANY OTHER CONTACT ADDRESS

3. YOUR EMPLOYER

4. RESIDENTIAL ADDRESS

5. NAME OF FRIEND/ RELATIVE AND TELEPHONE NUMBER WE CAN CONTACT WHEN YOU ARE NOT AVAILABLE

6. DEPARTMENT/ STATUTORY BODY/ AGENCY ETC YOU ARE COMPLAINING AGAINST

**7. PERSON (S) WHOSE CONDUCT YOU ARE COMPLAINING AGAINST**

a. NAME:

b. TITLE:

**8. PROVINCE WHERE CONDUCT COMPLAINED ABOUT HAPPENED AND DATE OF INCIDENT OR ACTION**

**9. COMPLAINT (SUBJECT MATTER)**

**10. DETAILS OF COMPLAINANT'S (YOUR) PROBLEM (WHO, WHAT, WHERE, WHEN & HOW)**

11. WITNESS	12. DOCUMENTS

13. WHAT DO YOU WANT OMBUDSMAN COMMISSION TO DO?

14. WHAT ACTION HAVE YOU TAKEN TO REMEDY (SOLVE) COMPLAINT BEFORE APPROACHING THE OMBUDSMAN COMMISSION?

15. SIGNATURE OF COMPLAINANT:
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16. DATE:
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