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