



Complaints form | ސުލުހު ދަނީ ފޮނުވާ ފޮން

1. Complainant: 1. ދަނީ ފޮނުވާ ފޮން

Common Name: ނަންބަރު ފޮނުވާ ފޮން Full Name: ފޮނުވާ ފޮން

ID/Passport No: ނަންބަރު ފޮނުވާ ފޮން Permanent Address: ފޮނުވާ ފޮން

Nationality: ފޮނުވާ ފޮން Email Address: ފޮނުވާ ފޮން Date of Birth: ފޮނުވާ ފޮން

Victim's Family Contact No: ފޮނުވާ ފޮން Phone/Mobile: ފޮނުވާ ފޮން

I wish to submit the complaint anonymously ފޮނުވާ ފޮން ފޮނުވާ ފޮން ފޮނުވާ ފޮން

Please note that the Investigation report cannot be shared, if the complaint is submitted anonymously

2. Victim Information: 2. ފޮނުވާ ފޮން ފޮނުވާ ފޮން

Only fill out this section if you are complaining on behalf of someone else

D.O.B: ފޮނުވާ ފޮން Nationality: ފޮނުވާ ފޮން Full Name: ފޮނުވާ ފޮން

ID/Passport No: ފޮނުވާ ފޮން Permanent Address: ފޮނުވާ ފޮން

Your relationship to the victim: ފޮނުވާ ފޮން Phone/Mobile: ފޮނުވާ ފޮން

3. Details of Rights Violated: 3. ފޮނުވާ ފޮން ފޮނުވާ ފޮން

Place of torture/Rights violated: ފޮނުވާ ފޮން

Time: ފޮނުވާ ފޮން Date of torture/Rights violated: ފޮނުވާ ފޮން

Respondent(s) / Responsible Institution (If known): ފޮނުވާ ފޮން

If the Victim is Under Stare Care: ފޮނުވާ ފޮން

Cell: ފޮނުވާ ފޮнь Wing: ފޮނުވާ ފޮнь Unit: ފޮނުވާ ފޮнь Name of Facility / Institution: ފޮނުވާ ފޮнь



Please provide a detailed account of what happened

تفصیلاً بیان کریں کہ کیا ہوا:

Large empty box for providing a detailed account of what happened.

4. Complaints filed to the Institution: **4. اسٹیبلشمنٹ میں درج کیے گئے شکایات کی تفصیلات:**

درج ذیل شکایات اسٹیبلشمنٹ میں درج کیے گئے ہیں۔

Please fill this section, if complaints were filed with the institution regarding this issue.

Details of the complaint

شکایت کی تفصیلات / موضوع

Empty box for details of the complaint.

Date of Response received **جواب کی تاریخ / جواب کی تاریخ**

Date(s) of the complaints: **شکایت کی تاریخ / شکایت کی تاریخ**

Empty box for date of response received.

Empty box for date(s) of the complaints.

Details of Response received

جواب کی تفصیلات / جواب کی تفصیلات

Empty box for details of response received.

5. Declaration:

5. اقرار نامہ:

میں یہاں پر بیان کردہ تمام معلومات سچے اور درست ہیں۔

I hereby declare that the information stated above is true and correct to the best of my knowledge.

Name: _____

Date: _____ Signature: _____

6. Information of Staff who filled the form:

6. اسٹیبلشمنٹ میں درج کرنے والے عملے کی معلومات:

To be completed if this form is filled by a staff of the commission

یہ حصہ اسٹیبلشمنٹ میں درج کرنے والے عملے کے لیے ہے۔

Form fields for staff information: Name, Designation, etc.

Form fields for staff information: Commission Name, etc.

Form fields for staff information: Address, etc.

Form fields for staff information: Signature, etc.